

## ABSTRACT

Title of Thesis: THE ROLE OF DEPRESSION, SOCIAL SUPPORT, AND GENDER IN AN INDIVIDUAL'S DECISION TO LEAVE AN EMOTIONALLY ABUSIVE RELATONSHIP.

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This study explored the relationship between depression, the social support of friends and family, gender, and the steps an individual takes to leave an emotionally abusive relationship. A primary analysis was run on 424 individuals who presented for couples therapy at a university based clinic. Results indicated that depression was positively associated with taking more steps to leave an emotionally abusive relationship for both genders. Family support was not associated with steps to leave for either gender; however, social support of friends was negatively associated with steps to leave for females only. Social support only moderated the relationship between depression and steps to leave for females with higher depression levels in the sample. A secondary analysis indicated that severity of abuse had the strongest association with steps to leave the relationship. The results have important implications on how depression and social support are treated in emotionally abused individuals.

THE ROLE OF DEPRESSION, SOCIAL SUPPORT, AND GENDER IN AN  
INDIVIDUAL'S DECISION TO LEAVE AN EMOTIONALLY ABUSIVE  
RELATONSHIP

by

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## Chapter I: Introduction

### *Statement of the Problem*

According to statistics collected by the National Center for Disease Control (CDC, 2003), approximately 5.3 million women were victims of domestic violence in 2003. This violence accounted for 20% of nonfatal violent crime in 2001 (Rennison, 2001), and domestic violence accounted for almost two million injuries and 1300 deaths in 2003 (CDC, 2003). Physical consequences of domestic violence include health problems such as chronic pain, gastrointestinal disorders, gynecological disorders, sexually transmitted diseases, and circulatory conditions (IPV Fact Sheet, 2004, p. 1). Psychological risks include depression, anxiety, substance abuse, alcoholism, antisocial behavior, and increased risk of suicide attempts (IPV Fact Sheet, 2004, p 2). The financial costs of domestic violence are estimated at 4.1 billion dollars in direct medical costs and 1.8 billion dollars in indirect costs due to lost productivity (CDC, 2003).

Violence in families has been studied by social scientists and criminologists since the early 1960s. Beginning with widespread studies of child abuse, researchers began to apply the theories and data from those studies to other familial relationships. In 1975, Straus, Gelles, and Steinmetz conducted the first national study of intimate partner violence in families and exposed the prevalence of this violence in “Behind Closed Doors: Violence in the American Family” (Straus, Gelles, & Steinmetz, 1980). Questionnaires were mailed to 2143 randomly selected families. Based on a surprisingly high 65% completion rate, results indicated that approximately 1.8 million women and 2 million men were victims of spousal abuse annually. Although the number of abused men

was surprisingly high, the authors maintained that abuse of women should be a priority of researchers and service providers. This decision was based several factors, including the fact that husbands had higher rates of using more dangerous forms of abuse (i.e., knives, guns), the violence of husbands was usually repeated, and abuse by husbands resulted in more physical damage. From this book, interest began to rise concerning the short and long term effects of violence on its victims.

Since the seminal work of Straus and his colleagues, which was followed by the work of researchers like Donald Dutton (1995), Ola Barnett (2000), and Jacquelyn Campbell (2000), the majority of domestic violence research has focused primarily on physical battering. The reason for this focus has been clear. Physical abuse has been easier to identify and categorize because of its visible damage, which is vital in defining criminal statutes and sentencing offenders. However, increasing research into the area of emotional abuse has begun to reveal its constant presence and impact in abusive relationships, with most victims studied in physically abusive relationships reporting some form of verbal and psychological aggression as well (Loring, 1994). The present study will attempt to contribute to this growing focus on emotional abuse in intimate relationships by examining factors affecting a person's decision to leave an emotionally abusive relationship.

## Chapter II: Review of the Literature

### *Components of Emotional Abuse*

#### *Definitions*

At this time, there is not a universally accepted definition for emotional abuse. The terms psychological abuse, emotional abuse, mental abuse, and psychological maltreatment have been used interchangeably in the past and more current research. Loring (1994) defines emotional abuse as “an ongoing process in which one individual systematically diminishes and destroys the inner self of another” (p. 1). Catherine Simonelli and Kathleen Ingram (1998) state that emotional abuse is “both coercive verbal behaviors and coercive nonverbal behaviors that are not directed at the partner’s body” (p. 668), while Robin O’Hearn and Keith Davis (1997) describe emotional abuse as “intentional behavior that serves to reduce the recipient’s status” (p. 376).

Along with varying conceptual definitions, researchers have differing opinions on the types of behaviors that comprise emotional abuse. These definitions have ranged from broad categories to more distinct dimensions of behavior. At the broader end of the spectrum, Loring (1994) condenses the categories of emotional abuse into overt and covert behaviors. Overt mechanisms of abuse include yelling, belittling, name calling, restricting resources, threats of abandonment, and coercion. The covert mechanisms of abuse were defined as discounting, negation, negative labeling, and projection/accusation. Moving to more specificity, Roland Maiuro (2001) described four dimensions of emotional/psychologically abusive behaviors. The first dimension is denigrating behaviors that cause damage to a partner’s self-image or esteem (yelling, name calling, ridiculing and being hypercritical). The second dimension is passive-

aggressive withholding of emotional support and nurturance as evidenced by punitive use of avoidance and withdrawal, silent treatment, and abandonment. The third dimension is explicit and implicit threatening behaviors (threatening to physically hurt, disfigure, or kill someone). The fourth dimension is restricting personal territory and freedom (isolating one from family and friends, stalking behaviors, and dominating decision making within the relationship).

Murphy and Hoover (2001) completed a thorough review of the emotional abuse literature in their efforts to construct an assessment for emotional abuse and found that most behaviors fell into four categories/factors. The first category was dominance/intimidation, which includes threats to person or property. The second category was hostile/withdrawal (acting distant and refusing to talk about problems). The third factor was denigration (name calling and ridicule), and the last factor was restrictive engulfment (isolating person from family or friends). Follingstad, Rutledge, Berg, Hause, and Polek (1990) classified emotionally abusive behaviors into six major areas; 1) verbal attacks, 2) isolation, 3) jealousy/possessiveness, 4) verbal threats of abuse, harm, or torture, 5) emotional blackmail, and 6) damage to or destruction of personal property.

The emotional abuse literature has included all of these definitions in various research studies, which will be seen in the current literature review. It is also important to note that most of these definitions are similar in their distinctions between overt and subtle forms of emotional abuse and the types of behaviors that are considered emotional abuse abusive, though the names and categorizations of these behaviors may differ. For the present study, the Multi-Dimensional Emotional Abuse Scale (MDEAS) (Murphy & Hoover, 2001) was the measure used to identify emotional abuse in the data set analyzed

and due to its thorough coverage of specific emotionally abusive actions found in all definitions of emotional abuse.

### *Incidences and Prevalence of Emotional Abuse*

Although researchers have identified the forms of emotional abuse, most of the research and literature reviews on emotional abuse in intimate relationships have been conducted with women who are experiencing physical as well as emotional abuse from their partners. Within these studies, emotional abuse has been defined as an adjunct of physical abuse, and researchers have questioned whether emotional and physical abuse can be separated. This issue was explored in a study conducted by Loring and Meyers (1991). The study used interviews, questionnaires, and behavioral observations to gather data from 121 married couples referred to the Center for Mental Health and Human Development in Atlanta, GA. The referrals were made by various professionals in law, human services, medicine, law enforcement, mental health, and social services. Over the course of six sessions, investigators conducted unstructured interviews with each woman. The interviews were guided by a generalized questionnaire that addressed topics such as acts of physical and emotional abuse, history of abuse, timing of abuse, and internal feelings in response to the abuse. Two out of the six interviews were conducted as a jointly with both the husband and wife, using the same interview model with the addition of live behavioral observations of the couple's interaction with one another during the interview.

Analysis of the data collected identified seven variables that were used to categorize the women as emotionally and physically abused, emotionally abused only, or non-abused. The variables used were self-report of emotional abuse, history of emotional

abuse in the family of origin, presence of linear verbal abuse (i.e., name calling, criticism, yelling), self-report of loneliness and confusion, covert communication abuse (i.e., subtle, discounting of the wife's feelings and statements, negative labeling), presence of anxious attachment, and presence or absence of physical abuse. The final sample consisted of 28 women defined as emotionally abused only, 40 women identified as physically and emotionally abused, and 34 women defined as non-abused. It was hypothesized that the women in the emotionally abused group would differ from women who are both physically and emotionally abused, both in the patterns of abuse they received and in their awareness of abuse. Results indicated that women who were exclusively emotionally abused reported a linear, continuous pattern to the abuse, which contrasts with the cyclic nature of physical abuse. In looking at the women's awareness of abuse, the study also found that only 29% of emotionally abused women saw themselves as abused, as opposed to the 67% of physically abused women who actually saw themselves as abused. The finding that emotionally abused women were less likely than physically abused women to label what was happening to them as abuse may account for the lack of documentation of psychological trauma. However, the study did substantiate that behaviors classified as emotionally abusive were taking place even in the absence of physical battering.

Henning and Klesges (2003) conducted a study that described the prevalence and characteristics of psychological abuse in 3370 adult women entering the court system for the first time after having their partners arrested for abuse. The women were assessed through an interview comprised of questions taken from the Psychological Maltreatment of Women Inventory (Tolman, 1999) and the physical aggression component of the

Conflict Tactics Scale (Straus, 1990). The study's goals were to document prevalence and characteristics of psychological abuse, to identify characteristics of offenders who use psychological abuse, to find whether psychological abuse is associated with victims' perceptions of the relationship independent of physical abuse, and whether victims are more negatively affected by psychological abuse when physical abuse is present. Results indicated that 80% of women had experienced prior psychological abuse in the relationship and that shouting, insulting the victim, and jealousy/suspicion of friends were the most prevalent behaviors. Married couples had higher levels of psychological abuse than non-married couples, and characteristics such as employment problems, recent substance abuse and prior arrests for violent acts were found in offenders. After the arrest, 42.9% of the women reported feeling seriously threatened by their partner and 68.8% indicated that they wanted to leave the relationship. The sample was then placed into categories of no abuse (denied psychological or physical abuse,) (15.5% of the sample), psychological abuse only (21.3% of sample), physical abuse only (4.4% of sample), and both psychological and physical abuse (58.8% of sample). It was found that although 57.9% of the psychologically abused women wanted to end the relationship and 25% felt seriously threatened, women experiencing both types of abuse were significantly more likely to feel seriously threatened and to want to end the relationship (odds ratio of 10.61 compared to 3.21 for psychological abuse only).

Follingstad, Rutledge, Berg, Hause, and Polek, (1990) looked at the role of emotional abuse in physically abusive relationships. Specifically, they examined whether emotional abuse is always present in the relationship, the effect of different types of emotional abuse, which types of emotional abuse are associated with physical abuse, and

whether emotional abuse is perceived by victims to be worse than physical abuse. Participants were solicited from a variety of sources such as newspaper and radio announcements and flyers describing the study placed at women's prisons, the Department of Social Services, local domestic violence shelters, and churches. Women with histories of physical abuse in their relationship volunteered to be interviewed about the relationship in which they were battered. The 234 participants were assessed through a questionnaire that asked about frequency of abuse, types of abuse, and feelings about the abuse experienced. Results showed that 229 of the women reported experiencing emotional abuse in the relationship at least once and 72% of these 229 reported experiencing it four or more times. Ridicule was most often reported by the women, followed by threats of abuse, jealousy, and restrictive behaviors. Ridicule was reported as having the most negative psychological impact, followed by threats of abuse. Damage to property was the behavior that most motivated the women to make changes in the relationship, with 30.4% of those experiencing this behavior wanting to leave the relationship. Seventy-two percent of the women reported that the emotional abuse had more impact on them than the physical abuse. The study, while documenting the effects of emotional abuse, also raised the question of factors affecting the abused person's decision to stay or leave the relationship.

### *Why Do People Stay in Abusive Relationships?*

Most studies on emotional abuse have relied on physical abuse literature to guide the research. Using this method, researchers have identified a variety of factors that are important in a person's decision to leave an abusive relationship. Concepts from the theories of Ivan Pavlov, Martin Seligman, Lenore Walker, and even Sigmund Freud were



used to create the early explanations about the psychology of abused persons who stay in their dreary situations. One of the early explanations was the idea that a woman wants to be abused, which was identified from the early works of Freud and his theory that women were predisposed to pain. Early therapeutic interventions cast abused women as “masochists” and attempted to help the woman realize her responsibility in allowing the abuse to continue by choosing a partner who would fulfill the desired role of “sadist” (Miller, 1995).

Another popular theory used to explain women’s continuing in an abusive relationship was the concept of learned helplessness. Seligman (1975) began to develop this theory while conducting an animal experiment on the relationship between fear conditioning and instrumental learning. Mongrel dogs were restrained in a Pavlovian hammock and were classically conditioned with tones followed by shocks. The dogs found that no voluntary response they made influenced the presence of the shocks. This group of dogs, along with a control group of dogs that had not received the conditioning, was placed individually in pens in which they could escape (in this case by jumping over a barrier) to avoid the shocks. It was found that although the non-shocked dogs learned quickly how to avoid the shocks, the previously shocked dogs would react at first, but would slowly make no attempts to escape the pen or the shocks. Seligman’s explanation for this was that when an organism experiences trauma that it cannot avoid, the motivation to respond in the face of later trauma lessens. Secondly, even if the organism does respond, it has trouble learning and processing that the action taken really works. Thirdly, this phenomenon produces levels of depression and anxiety. In later works, three components of learned helplessness were described (Peterson, Maier, & Seligman,

1993). Contingency, the first component, is the relationship between a person's actions and the outcome experienced. In learned helplessness, the main contingency is uncontrollability, which is a random relationship between actions and outcomes. The second component, cognition, is how a person explains the contingency. A cognition is developed in which a person perceives an event, creates an explanation about the event, and then forms an expectation about the event for future reference. In learned helplessness, a person perceives a lack of control about an event and may expect that he or she will be helpless toward said event in the future. The final component is behavior, which refers to a person's passivity or activity in a situation that is different from the first time uncontrollability was encountered.

Lenore Walker used the concept of learned helplessness in her development of the "battered woman syndrome" theory. Using data collected from over 400 battered women, Walker hypothesized that the women's experience of the randomness of the violence and their failed attempts to control it would produce learned helplessness; specifically, a diminishment in their motivation to respond (Walker, 1984). Results of the study indicated that women experiencing higher levels of fear, anxiety, and depression continued to stay in the relationship, showing low motivation to leave. In contrast, the variables of anger, disgust, and hostility were significantly associated with leaving the relationship. The study also found that childhood abuse and learned helplessness patterns were not related to later learned helplessness in an adult's intimate partner relationship, which indicated that components of helplessness could be developed at any time.

More recently, researchers have re-evaluated the components that continue the pattern of abuse and started to address some of the larger, more complex emotional and

societal components that are involved in the decision to leave an abusive relationship. Martin et al. (2000) examined five hypotheses connected to the relationship between risk assessment and decision certainty among battered women. Seventy women residing in an urban domestic violence shelter were asked to reflect on their own personal situations and select one of three statements that best described their feelings about leaving their abusive relationships, with answers ranging from total indecision, moderate indecision, and total certainty of leaving. The women were then asked to assess the likelihood that “most battered women” would return to the batterer at some point in the future. They were also asked to assess the likelihood that they themselves would return to their own batterer at some point. First, it was hypothesized that the participants would view themselves as significantly less likely to return to their abuser than “most battered women”. Secondly, it was expected that most of the women would report having a high level of certainty about their decision to leave the relationship based on their choice to enter a domestic violence shelter. Third, both participants with high certainty about their decision and participants with low certainty would display the “optimism bias”, which is defined as “an unrealistic optimism which causes decreased concerns and flawed assessment of personal risk” (p. 111). Therefore, if the battered woman feels that her risk of returning to the abusive relationship is low, she may run the risk of dismissing warning signs and improving coping skills. Fourth, it was expected that the optimism bias would be significantly greater in women with high certainty about their decision to leave the relationship than women with low certainty. Finally, it was hypothesized that objective risk factors for returning to an abusive relationship (i.e., relationship length, economic

resources, and number of prior separations) would not be significantly correlated with the women's personal risk assessments.

The data revealed that nearly all of the battered women (95.7%) rated their possibility of returning to their abusive relationships as “not likely or a little likely”, while they rated “most battered women” as being “somewhat likely or very likely” to return to their abuser (80.0%). The majority of women (62.9%) also described themselves as being highly certain about their current decisions to leave the relationship. However, 64% of the women reported returning to their abuser on at least one prior occasion, with 24.4% leaving and returning at least five times or more. The authors propose the optimism bias may have a profound effect on why women return, because their optimism that they will never return may lessen the likelihood of accessing resources that will limit the need or desire to return (e.g., counseling, legal aid, financial resources).

Herbert, Silver, and Ellard (1991) conducted a study of cognitive strategies that abused women may employ, to find which strategies influenced their decisions to stay or leave the relationship. Subjects were recruited throughout radio, television, and newspaper announcements across southern and central Ontario, Canada. The announcements requested women who were currently in or had been in an intimate relationship in which conflict and/or violence occurred. One hundred thirty-two women completed questionnaires that assessed psychosocial adjustment, attributions for abuse (who was to blame for the abuse experienced), frequency/severity of abuse, past experiences with violence, and cognitive strategies. The total data pool was divided into women who were currently involved with their abuser and women who had already left their abusive relationship. Results showed that the significant differences between the

women who left and the women who stayed were perceived positive aspects of their relationships, acknowledgement of negative change, and downward comparisons.

Women who stayed stated that they saw little to no change in frequency/severity of the abuse or the degree of affection expressed in the relationship. They also reported more positive aspects to their relationships and stated that the relationship was not as bad as it could be. Psychosocial adjustment did not differentiate women who left from those who stayed. The study indicated that although the abused women were realistic about the chance that further abuse would occur (less than 20% of respondents felt that further abuse would not reoccur), they continued to find enough positive aspects about the relationship to convince themselves to stay.

Another construct that has been studied in identifying why people stay in abusive relationships is fear. Hyden (1999) conducted a qualitative study on ten battered women living in a homeless shelter in Stockholm, Sweden. The women, who varied in age, social status, and number of children, were interviewed six times over the course of two years. Interviews were open, with the only structured questions being, “Why did you leave the marriage at this point?”, and “What is your life like right now?” Fear was classified as differentiated (fear connected with the abuser) and undifferentiated (a general feeling of fear that completely overwhelms). Throughout the interviews, Hyden found that fear acts as a positive and negative factor in how a woman makes a decision to leave the relationship. It was found to be a strong motivator for the women, because it invokes the perception that a threat is present and encourages women to act in ways that indicate that they desire help (e.g., telling a friend, contacting a shelter). However, it also had a paralyzing effect if the women did not have an outlet to express the fear.

Undifferentiated fear seemed to be more prevalent when the women first left their relationships. Differentiated fear seemed to encourage the women to engage in activities that would help them to stay away from their abusers. Helping women to share their fears and to communicate them with others were described as possible interventions in helping women to leave their abusive relationships.

In summary, a host of variables have been considered either theoretically or empirically as contributing to women's decision to stay in abusive relationships. These variables tend to fall into the categories of cognitions or emotional/affective states. Interestingly, one variable that has not been considered in a women's decision to stay is depression. This lack of attention is surprising both because the statistics on consequences of abuse almost always list depression as one of the results of violence and because depression is an affective state which is known to have an impact on cognition. However, before the role of depression can be looked at as a factor in whether a person leaves a relationship, it is important to look at the role of depression generally in abusive relationships.

#### *Depression as a variable in leaving an abusive relationship*

##### *Prevalence of depression in abusive relationships*

Although research has found that depression is linked to both physical and emotional abuse, the correlational studies are not clear whether depression makes one vulnerable to abuse or whether the abuse makes one prone to depression. Despite differing opinions on whether depression predicts abuse or abuse predicts depression, the research connecting the two variables is compelling. Dienemann et al. (2000) conducted a study that focused on the prevalence of intimate partner abuse among women with a

diagnosis of depression. The 82 participants came from two sources; 70 were participating in a DRADA (The Depression and Related Affective Disorders Association)-run community program and 12 were from a psychiatric hospital program. All participants completed the Abuse Assessment Screen (Soeken, Parker, McFarlane, & Lominak, 1998), the Beck Depression Inventory (Beck, Steer, & Garbin, 1988), health questions, questions about current abuse, and questions about various self-help programs. Results of the study indicated that 61% of the study sample (50 women) reported a history of emotional, physical, or sexual abuse. The study also found a significant positive correlation between the severity of abuse and the women's levels of depression.

In a similar study, the state of Arkansas recruited 303 women to participate in an assessment of physical abuse, physical and mental health, and health care utilization for the purpose of developing stronger programs for identifying abuse in primary care facilities (Scholle, Rost, & Golding, 1998). The women were randomly selected and initially screened for depression through phone interviews over a period of 16 months. Out of 433 eligible women, 317 completed a three-hour, face to face initial interview; 307 completed the same interview after six months and 303 completed the interview after 12 months. Results of the study revealed that 55% of the women had experienced abuse in their lives, and 14.5% were experiencing this abuse during the year of the study. The women who reported abuse were found to have poorer physical and mental health than the non-abused women. The abused women also had more depressive symptoms and were more likely to report suicidal ideation.

Yick, Shibuswa, and Agbayani-Siewert (2003) conducted a study that focused on partner violence and depression among families of Chinese descent. One hundred thirty-

three men and 129 women were assessed to find out the prevalence of recent (within the last 12 months) and past psychological and emotional abuse in their families as well as the link between these behaviors and depressive symptoms. This link was assessed for those reporting themselves as victims and those reporting themselves as perpetrators. Participants completed the Conflict Tactics Scale (Straus, 1979), the Center for Epidemiological Studies Depression Scale (Radloff, 1977), the Chinese Health Questionnaire (Chong & Wilkerson, 1989), and a short form of the Marlowe Crowne Social Desirability Scale (Strahan & Gerbasi, 1972). When controlling for social desirability, results indicated that more than 80% of men and women had experienced verbal aggression in the last 12 months and 85% had experienced these behaviors in their lifetime. Physical violence occurred at rates of 10% for the last 12 months and slightly less than 20% over one's lifetime. Participants reported perpetrating verbal aggression at rates of 79% in the last 12% months and 87% in their lifetime. Perpetration of physical violence was reported as 10% in the last 12 months and 16.9% in one's lifetime. The study also found a significant positive correlation between recent verbal aggression and depressive symptoms and somatization, as well as between recent physical violence and depressive symptoms.

Haj-Yahia (2000) focused on the presence of wife abuse and battering in Palestinian society and the relationship between this abuse, self-esteem, depression, and anxiety. A total of 1334 women from the West Bank and the Gaza Strip were randomly selected and completed questionnaires consisting of questions derived from the Conflict Tactics Scale (Straus, 1979), the Abusive Behavior Inventory (Shepard & Campbell, 1992), the Index of Spouse Abuse (Hudson & McIntosh, 1981), the Psychological



Maltreatment of Women (Tolman, 1989), and the Measure of Wife Abuse (Rodenburg & Fantuzzo, 1993). Anxiety, depression, and self-esteem were assessed using the Index of Self Esteem (Hudson, 1982) and the Cosello-Comrey Depression and Anxiety Scale (Costello & Comrey, 1967). Results of the study indicated that women experiencing psychological, physical, sexual, or economic abuse exhibited higher levels of depression and anxiety and lower self esteem than women who were not experiencing abuse.

The link between abuse and depressive symptoms has also been identified when focusing specifically on psychological abuse. Katz and Arias (1999) conducted a battery of assessments with 82 dating, college-age women to examine the relationship between different types of emotional abuse and depressive symptoms. The specific types of behaviors studied were emotional/verbal behaviors and dominance/isolation behaviors. Emotional/verbal behaviors were identified as devaluing, humiliation, and withholding of emotional support and affection. Dominance/isolation behaviors were defined as demands for compliance and subservience, isolation from personal and social resources, and observance of gender roles. It was hypothesized that both dimensions of abuse would be directly associated with depressive symptoms, but the dominance/isolation behaviors could be moderated by levels of perceived interpersonal control. Results of the study showed that both types of abuse were significantly positively correlated with depressive symptoms, and the emotional/verbally abusive behaviors had the strongest correlation with depression. It was also found that the relationship between dominance/isolation abuse and depression was moderated by perceived, high interpersonal control in the women. This study, along with the physical abuse studies described earlier, suggests the

need for a more intensive look at the effects of depression on decisions to stay in emotionally abusive relationships.

*Effects of intimate partner violence on general mental health*

In attempting to address questions about cause and effect between abuse and depression, it is important to note that a difficulty in studying depression and abuse is that few studies have looked at depression as a specific entity. Most studies have looked at depression as a component of topics like self-esteem and mental well-being. In one example, the variables of self-esteem and depression were studied in a group of lesbian and heterosexual abuse survivors (Tuel & Russell, 1998). Twenty-three lesbians and 17 heterosexual women completed the Beck Depression Inventory (Beck, 1967), the Rosenberg's Self-Esteem Scale (Rosenberg, 1965), and the Index of Spouse Abuse-Revised (Hudson & McIntosh, 1981). Hypotheses were that once demographic effects were controlled, emotional and physical abuse would correlate significantly with depression and self esteem. In addition, physical abuse would have a stronger relationship with depression and self-esteem when emotional abuse was controlled. Finally, gender of the batterer would not correlate significantly with depression and self-esteem. Results indicated that physical abuse seemed to predict depression and emotional abuse only seemed to predict self-esteem. The gender of the batterer did not have a significant effect on either variable. Although the study indicated that emotional abuse and depression were not significantly correlated, it did show that emotional abuse had a significant association with emotional well being, in this case self-esteem, which may have had a moderating effect on depression

Ramos and Carlson (2004) studied the relationship between recent and past abuse and mental health symptoms of depression, anxiety, and somatization. The sample used was a sub-sample of a larger data set that looked at women's health in a primary health care setting (Carlson, McNutt, Choi, & Rose, 2002). Forty five English-speaking Latinas were assessed for seven types of abuse; recent emotional, physical, and sexual abuse, past adulthood physical and sexual abuse, and childhood physical and sexual abuse. The women also completed the Primary Care Evaluation of Mental Disorders (Spitzer et al., 1994), which assessed anxiety, depression, and somatization. Participants were later categorized according to levels of lifetime abuse, which was composed of the values of answers from the seven types of abuse studied. Values of the lifetime abuse variable ranged from 0 (no abuse) to 14 (most severe abuse), and the majority of the women (23 out of 45) scored in the 2-7 range. In this group, 47.8% of the women reported anxiety symptoms, 39.1% reported depression, and 56.6% reported somatic symptoms. Results also showed the women in the highest lifetime abuse categories were more likely to report anxiety symptoms than depression or somatization. It was also indicated that women who were experiencing recent abuse reported higher levels of all three mental health variables than women who were not victims of recent abuse. The authors acknowledged that although depression was the variable least reported, the limitation of the measure and cultural aspects, (specifically how emotions are usually expressed), may have had an impact on how depression was assessed. Specifically, the Latinas in this study tended to manifest their mental health distress through anxiety. The authors hypothesized that this may be due to anxiety being a more culturally acceptable way to

express distress, because there are similarities between the symptoms of anxiety and “nervios” (nerves).

Katz, Arias, and Beach (2000) looked at the self-verification and self-enhancement theories to study relationships between psychological abuse, self-esteem, and dating outcomes such as intimacy and stability. Ninety-two women completed a number of assessments that included the Rosenberg Self-Esteem Scale (Rosenberg, 1965), the Conflict Tactic Scale (Straus, 1979), and the Thoughts about Ending the Relationship Scale (Murphy, Hartman, & Douchis, 1994). It was predicted that emotional abuse would have a negative effect on relationship outcomes, but that self esteem was a moderator between the variables, specifically that higher self esteem would temper the negative effects of abuse. Results indicated that psychological abuse had negative effects on intimacy and relationship stability, but self-esteem did not change these effects. This study confirms that psychological abuse plays a key role in relationship dynamics and may set the stage to explore more specific aspects of an abused person’s mental state.

A number of studies focusing on the psychological results of abusive relationships have looked at post-traumatic stress syndrome and its symptomatology. Ileana Arias and Karen Pape (2001) conducted a study in which 68 women residing in a women’s shelter in Georgia participated in a written assessment that measured the level of conflict in their relationships, levels of psychological abuse experienced, coping mechanisms, and psychological symptomatology. Results indicated that the more symptoms of PTSD a woman experienced, the less likely she was to leave her abusive partner. These findings were significant even after controlling for physical abuse. This study identifies the effects

of psychological disorders as a factor in a woman's decision to stay in a relationship and provides a basis for other mental health constructs, such as depression, to be studied.

Similarly, Cascardi, O'Leary, and Schlee (1999) conducted a study that focused on PTSD and Major Depressive Disorder (MDD), specifically the extent to which the disorders co-occur and how the presence and severity of abuse predicts either disorder. A total of 92 women participated in a structured clinical interview in which they completed assessments such as the Beck Depression Inventory (Beck, 1967), the Modified Conflict Tactics Scale (Neidig & Friedman, 1984), the Dyadic Adjustment Scale (Spanier, 1976), and the structured clinical interview for DSM III-R (Williams, Gibbon, First, Spitzer, & Davies, 1992). The women were separated into four categories; those with "pure PTSD", those with "pure MDD", those with both disorders, and those women that did not display either disorder. Cascardi et al. (1999) expected to find that there would be a statistically significant association between the two disorders, but that each disorder would have different predictors. PTSD would be predicted by spouse-specific fear, and depression would be predicted based on the presence of marital distress and the severity of physical and psychological abuse. It was also predicted that women who exhibited both disorders would report the highest levels of abuse, fear, and marital distress.

Results of the study showed that although there was a strong association between PTSD and MDD, each disorder reflected different clinical properties in abused women. The symptoms of both disorders significantly correlated with spouse-specific fear and high levels of physical aggression. However, PTSD alone was significantly correlated with dominance/isolation behaviors and MDD alone was correlated with scores on the Dyadic Adjustment Scale. The study further indicated that PTSD specific women had

similarities with the women experiencing both PTSD and MDD; similar variables found were frequency/severity of aggression, level of fear of spouse, and PTSD symptoms. Women with MDD were much more similar to the group of women not experiencing either disorder, with the exception of the presence of depressive symptoms in the MDD women. Although the hypotheses on which factors predicted each disorder were confirmed, the researchers were surprised to find that spouse-specific fear and depressive symptoms were highly correlated. This study not only suggests the notion that depression contains different components from PTSD and should be studied as a separate entity in abused women, but also that external emotional factors, such as fear, may play a role in the levels of depression found.

In summary, research has found a correlation between depressive symptoms and abuse experienced in a relationship. Therefore, it would be logical to study the possibility that depression may have an effect on specific components of an abusive relationship, such as leaving behavior. To further understand this possible effect, one may benefit by looking at variables that affect depression levels.

### *The Effects of Social Support on Depression*

#### *Benefits of social support in stressful situations*

In exploring the relationship between depression and emotional abuse, one of the variables that has been shown to have an effect on depression in general is social support. The concept of social support has been considered for many years as a positive variable in moderating the effects of stress on an individual's mental health. The longitudinal Finnmark Studies conducted in 1987, 1990, and 1993 (Olstad, Sexton, & Sogaard, 2001) found that social support moderated the effects of stress on mental health. This came to

be known as the buffering hypothesis, meaning that social support can buffer or protect one from the negative effects of stress. Although the study defined a chronic stressor as a health problem such as heart disease or diabetes, one could argue that emotional abuse is a chronic stressor, and therefore, the buffering hypothesis may make an appropriate model for looking at social support in relation to emotionally abusive relationships.

Data from The Albany Area Health Survey were utilized to explore the buffering hypothesis, specifically the relationship between social support, positive and negative significant life events, and depressive symptoms (Lin, Woelfel, & Light, 1986). This study collected information about the demographics, social support, stress levels, and physical symptoms of 871 participants in a tri-county area of upstate New York.

Significant life events were measured by presenting participants with 118 life events, documenting which event each participant experienced, and asking the person to rate events experienced as good or bad. Social support was assessed for the strength of ties, interaction dimensions, and similarities of the social support members. For strength of ties, spouse/lover was categorized as the strongest tie, followed by other relatives and close friends. Acquaintances and helping professionals were designated as the weakest ties. Interaction dimensions included frequency of contact, frequency of discussion of problems, importance of person to the respondent, and ability to contact the person. Homophily was assessed through the helper's characteristics such as age, gender, occupation, education, and marital status.

The study examined the following hypotheses. First, depressive symptoms would have a positive relationship with the total number of significant life events, and the level of depressive symptoms would be higher for those experiencing an event they considered

most important, regardless of the event's positively or negativity. Next, within the group experiencing a most important life event, an undesirable event would be positively associated with depressive symptoms. Lastly, the study hypothesized that those participants who had the stronger ties, more frequent interactions, and more **similar** ties with persons in his or her social support network would report lower levels of depressive symptoms. Results of the study indicated a significant positive relationship between experiencing any life event considered the most important in one's life and depressive symptoms. The significance in this relationship was strongest when the event experienced was reported as "undesirable". When looking at the role of social support, the strength of the relationship between a person and his/her social network and the number of similarities between a person and his/her social network was significantly negatively associated with depressive symptoms. The study does not identify which life events were presented to the participants, but it does support the notion that social support may have a positive effect on depression experienced as a result of negative events.

#### *Benefits of social support in abusive relationships*

Coker et al. (2002) conducted a study in which they interviewed 1152 women seeking medical care in two university associated family practice clinics. The women were screened for male partner violence and were later assessed for medical histories and current health status. Measures were taken of physical, sexual, and psychological abuse. The women were also assessed for substance abuse, anxiety, depression, and PTSD. Social support and sources of support (friend, family, and partner) were also assessed. Results indicated that 53.9 % of the 1152 participants reported some type of intimate partner violence; 41.8 % reported physical assaults, 21.4% reported sexual assaults, and



12.1% reported current psychological or past emotional abuse without physical or sexual abuse. Among the 252 women reporting recent physical or sexual partner violence, those women reporting higher levels of social support were less likely to report symptoms of anxiety, depression, and PTSD. These findings were consistent for both friend and family support.

Fowler and Hill (2004) completed a secondary analysis of data collected from a study of African-American women and alcohol aggression to assess how social support and spirituality affect the coping behaviors of abuse survivors. Eighty-six women completed questionnaires on partner abuse, mental health, and coping behaviors. Measures used were the Abusive Behavior Observation Checklist (Dutton, 1992), the Inter Personal Support Evaluation (Cohen, Mermelstein, Kamarck, & Hoberman, 1985), the Beck Depression Inventory-II, Revised (Beck, Steer, & Brown, 1996), and the Trauma Symptom Inventory (Briere, 1992). It was hypothesized that the experience of partner abuse would be significantly related to PTSD and depression. It was also expected that social support and spirituality would mediate the relationship between partner abuse and PTSD and depression. Results indicated that partner abuse was a significant predictor of PTSD, but was not a significant predictor of depression. The presence of social support was found to have a significantly positive relationship with depression, but not with PTSD. Spirituality was not significantly correlated with depression or PTSD, and partner abuse remained significantly correlated with PTSD even when social support and spirituality were present. The study indicated that there is a relationship between social support and depression. Although the study indicated a non-

significant relationship between depression and partner abuse, it does indicate the present of adverse mental health effects in abused women.

Carlson, McNutt, Choi, and Rose (2002) also investigated the role of social support and mental health in the lives of abuse victims. Recent physical, emotional, and sexual abuse, past adult partner abuse, and child abuse were assessed in 557 women. The women were also assessed for protective factors against abuse, which included variables like partner support, non-partner support, education, economic hardship, and overall health. Data were collected using the Conflict Tactics Scale (Straus, 1979), the Primary Care Evaluation of Mental Disorders (Spitzer et al., 1994), and a social support measure developed by Abbey, Abramis, and Caplan (1985). The study sought to identify if abused women receive less support than non-abused women, if social support lowered depression and anxiety levels in abused women, and if protective factors such as self-esteem, economic well-being, and health moderated the association between lifetime abuse and depression and anxiety. Results of the study found that depression and anxiety symptoms were higher in abused women as opposed to non-abused women, and that there was not a significant difference in levels of non-partner social support reported by abused and non-abused women. Similarly, there was not a significant correlation between non-partner support and lifetime abuse scores. Low economic hardship, overall health, and self-esteem were the most significant factors in protecting women from abuse. Results of the study did indicate that there was a strong negative association between each of the protective factors and levels of depression and anxiety in abused women.

The study then looked at the level of depression in abused women and each protective factor individually. In women reporting no abuse, 15.2% of those with low

support reported depressive symptoms, as opposed to only 2.3% of the high support women. In women reporting moderate lifetime abuse 38.5% of those with low support reported depressive symptoms, as opposed to only 20.9% of the high support women. With regards to severely abused women, 51.7% of those with low support reported depressive symptomology, while 38.5% of the high support women reported depression. The study indicates that although social support does not seem to play a preventive role against abuse, it seemed to lower symptoms of depression and anxiety in abused women and should be studied further.

#### *Effects of types of social support*

Another important finding from the social support literature is that characteristics of support networks may have an effect on the impact of social support on abuse victims. Levendosky et al. (2004) assessed 203 pregnant women using measures such as the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), the Severity of Violence against Women Scales (Marshall, 1992), the Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri, 1981), and the PTSD Scale for Battered Women (Saunders, 1994). Study questions focused on the presence of support for women experiencing violence, the utilization of that support, factors that may affect the presence of social support, and the buffering effects of social support on the women's mental health. Results of the study indicated that factors such as lower income, severity of abuse, and isolation did not impair social support in abused women. However, the number of times a woman disclosed her abuse was significantly positively related to levels of emotional and practical support and levels of severity of abuse. The similarities of the support group (number of supporters experiencing abuse as well) produced a

positive relationship with disclosure of abuse and a negative relationship with emotional support and criticism. The study also found that depression and self-esteem levels were positively correlated to the number of supporters an abused woman had. The frequency of disclosures of abuse was negatively correlated with depression. Depression and self-esteem levels were also predicted by the non-similarities of the support group. The more supports a woman had from individuals who were not experiencing abuse, the lower her depression and the higher her self-esteem levels.

Rose and Campbell (2000) conducted three separate interviews with thirty-one women experiencing domestic violence to investigate components of social support and the effectiveness of said support. The first two interviews assessed social support through the participants' self-descriptions and discussions of relations to others. They were asked to describe their families, neighborhoods, and cultural group. In the third interview, the respondents were asked who they had talked to in the past six months about their abusive relationships and how helpful these disclosures were in dealing with the abuse. Results first indicated informal (family, friend) support was more utilized by the women than formal (professional) support. Girlfriends were identified as a source of support by 55% of the participants and 29% reported mothers as the person that they talked to. None of the women identified their father as someone they could talk with, with 67% of them describing their fathers in negative terms. Eighty-seven percent of the women identified more than one source of support. When specifically looking at social support of friends and family, the majority of the women did not consistently report family members as sources of support (only a small number reported telling their parents about the abuse). Many of the women (39%) reported witnessing their mother being abused or being aware

of their mother's abuse, and some women felt their mother's needs were greater than their own. With regards to friends, the women's reporting of relationships with friends seemed to be related with their sense of self. Many of the women described their relationships with friends in ambivalent terms. Both friends and family were found to be useful when a woman made a decision to leave the relationship, whether through self-talk messages to leave being reinforced by friends and family or members of a women's support network being used as instrumental support. Constraints that hindered support seeking included self-isolation, the cautiousness of the women in approaching relationships, cultural attitudes, and spouse restricted behavior.

A study done by Fry and Barker (2002) explored the differences between friend and family support in relation to social support effects. A total of 162 Canadian women who had experienced some form of abuse in the previous 12 to 18 months completed surveys that assessed aspects of social support that may impact the perceived helpfulness of the support. The variables of social support that were assessed were the number of social support networks that an individual possessed (i.e., friends, family, co-workers, counselors), the intimacy that an individual had with people in his or her social support networks, the level of loneliness an individual experienced, and self-esteem. The results revealed that close friends and co-workers were seen as the most satisfying source of social support in terms of emotional support and guidance. Formal support networks such as shelters and lawyers were rated as next most useful, mainly for their professional advice and financial guidelines. Family support was seen as helpful in regards to practical and financial support; however, the family network was scored as the lowest for providing emotional satisfaction and guidance. This finding opens the door for further

research to study which type of social support would be perceived as helpful in moderating depression levels in recipients of emotional abuse and the individual's decision to leave an abusive relationship.

In summary, research on social support and depression has identified that the social support of family and friends has varying impacts on depression levels. In addition, the variable of social support has also been identified in the literature to be a coping mechanism utilized by women who are presently in or survivors of an abusive relationship. Therefore, it seems logical to investigate how social support and depression may affect components of an abusive relationship such as leaving behavior.

It seems important to note that almost all of the domestic violence literature concerning leaving an abusive relationship, depression, and social support has been conducted in the context of female victims. However, there is evidence that men are victims of both emotional and physical abuse. Therefore, it would be prudent to investigate the connection between these variables for men as well as women. A review of what is known about men and their experiences with physical and emotional abuse follows.

### *Gender Differences*

Although criminal statistics and social science research have documented the presence of men as abuse victims, the effects of this abuse has not been studied on a large scale. Because of the higher prevalence of women as victims and the greater severity of the violence women experience, most research on male abuse victims has been limited to effects of childhood abuse, sexual victimization trauma, and reviews of male abuse statistics.

### *Prevalence of men as abuse victims*

When gender differences in domestic violence have been studied, much of the focus has been on differences in types of abuse and severity of abuse. Sorenson, Upchurch, and Shen (1996) used data from the National Survey of Families and Households to study the patterns of victimization, perpetration, and injury in marital arguments. In-person interviews and self-administered surveys were used to collect information about arguments and physical violence from 6779 married respondents. Results indicated that while men and women reported nearly identical styles of verbal interactions, women were more likely to report that the arguments had gotten physical and that they responded violently in the argument (hit, shoved, or threw something at their partner). Men and women were equally likely to report that they were victims of violence and that both partners (45% of men and 40% of women) were physically aggressive. However, women were more likely to report being injured and causing injury to their partner. This study indicates that though women are more likely to be injured by their partners, men reported being victims of violence almost as often as women.

Busch and Rosenberg (2004) looked at the frequency, severity, and history of domestic violence in the criminal justice setting. The probation files for 45 men and 45 women who were arrested for domestic violence and mandated for treatment were analyzed for demographics, frequency of domestic violence offenses, severity of domestic violence, reported victimization, criminality, and substance abuse. Results indicated that although men were more likely to have a prior history of domestic violence and used more severe tactics in the arrest incident, women were equally as likely to use severe to extreme levels of violence against their partners. When analyzed further, the

study indicated that in inflicting severe levels of violence, women were more likely to use a weapon and men were more likely to use their bodies. Also, women were much more likely than men to report that they were victimized by their partners at the time of arrest and men were more likely to have a history of domestic violence. However, women who did have a history of abusing their partners had approximately the same number of violent offenses as men. Again, research indicates men were found not only to be victims of domestic violence, but victims of severe domestic violence. These findings suggest the need for the study of men's experiences in abusive relationships, including emotionally abusive relationships.

To address gender differences in the experience of other types of abuse, Hines and Saudino (2003) assessed gender differences in psychological, physical, and sexual aggression. Four hundred eighty-one college students (179 males and 302 females) completed the Revised Conflict Tactics Scales (Straus, 1996). Difference scores were calculated to assess amounts of aggression given and received. Positive scores indicated that a person was the primary aggressor, while a negative score labeled the participant as the primary victim. Results of the study indicated that there were no significant gender differences in the perpetration of physical and psychological aggression. Males were significantly more likely to report using sexual coercion. When looking specifically at aggressive acts committed in the previous year, women were significantly more likely to use psychologically abusive acts and men were more likely to utilize sexual coercion. In looking at victimization, there were no significant gender differences for overall psychological, physical, or sexual aggression. However, when assessing acts received in the previous year, men reported being victims of sexual coercion significantly more often



than women. When focusing on types of aggressive relationships, 77% of males and 78% of female reported being in a mutually psychologically aggressive relationship. Twenty-one percent of men and women reported being in a mutually physically abusive relationship, and 22.5 % of males and 10.5% of females reported being in a mutually sexually coercive relationship.

Kasain and Painter (1992) looked at the frequency and severity of psychological abuse in 1625 college students (868 female and 757 males). Participants completed a modified version of the Psychological Maltreatment of Women Inventory (Tolman, 1989). Modifications were necessary to assess males as well as to tailor questions to a dating, as opposed to married, population. It was hypothesized that males and females would express similar behaviors in regards to psychological abuse. The relationship between abuse and relationship commitment and satisfaction was also studied. Results indicated that males experienced four types of psychological aggression from their heterosexual partners more frequently than did women. Men reported that their female partners used control, jealousy, verbal abuse, and withdrawal more than women reported their male partners using these types of psychological aggression. Participants who reported higher levels of psychological abuse than the general sample (144 female and 181 males) were assessed for consequences of abuse and relationship satisfaction. The data showed that the selected females were more likely to be married, engaged, or living with their partner than females in the general sample or the selected males. No significant differences in relationship status were found for males in the selected group and the general sample. The selected participants reported lower levels of relationship satisfaction, regardless of commitment or gender.

### *Gender differences in effects of abuse*

Another issue that has not been discussed with any depth in the domestic violence literature is the effects of partner violence on men. However, there are a few studies that have looked at men's reactions to both emotional and physical abuse. Follingstad, Wright, Lloyd, and Sebastian (1991) looked at sex differences in motivations and effect in dating violence in 207 college males and 288 college females. Participants were assessed for perceptions about their motivations for abuse and the effects of partner abuse through instruments like the Justification Scale (JUST Scale) (Follingstad, Rutledge, Poleck, & McNeil-Harkins, 1988), a modified version of the Conflict Tactics Scale (Straus, 1979), and a short form of the Marlowe-Crowne Social Desirability Scale (SDS) (Zook & Sipps, 1985). Results of the study indicated that men and women reported anger as the first actual effect of the abuse that they experienced. Women were more likely to feel emotionally hurt, but men and women reported feeling depression and sadness in equal numbers. Women reported wanting to leave the relationship more than men, and men reported feeling guilty and wanting revenge to higher degrees than women. This study indicates that men and women experience a number of the same emotions as a result of partner abuse, specifically anger and depression. There was also a significant difference in desire to leave the relationship, which may indicate a need for more research into what affects a man's decision to leave an abusive relationship.

A study focusing specifically on abuse and depression was conducted with 70 male undergraduates in a freshman psychology course at an urban southeastern university (Simonelli & Ingram, 1998). The men's experiences of psychological abuse and use of strategies to resolve conflict in their dating relationships were measured using the

Psychological Maltreatment Inventory (Kaisan & Painter, 1992) and the Conflict Tactics Scale (Straus, 1979). Psychological distress was measured using the General Health Questionnaire (Goldberg, Rickels, Downing, & Hesbacher, 1976). The results of the study indicated that 90% of the participants had received at least one emotionally abusive behavior from their partner and had received at least one form of verbal aggression from their partner in the past year. The results further showed that men who received more emotional and physical abuse in their relationship reported greater levels of depression. Additionally, received verbal aggression and violence accounted for a significant amount of variance in both overall distress and increased depression in the participants. Although the study had limitations in terms of making inferences about causation and generalization, it is important in that it focused specifically on men's experiences of emotional abuse, giving researchers a basis for future studies on the relationship between depression and emotional abuse based on gender.

#### *Literature Summary*

After a thorough review of the literature, it has been found to be reasonable to study emotional abuse independent of physical abuse as well as the dynamics of emotionally abusive relationships. One of those dynamics is the process that affects a person's decision to leave said relationship. In looking at the decision to leave, past studies have found that many victims of abuse experience depressive symptoms which affect the way victims perceive themselves and their decisions about the relationship. While continuing to study depression's role in intimate partner violence, one of the variables found to affect depressive symptoms is social support. A further review of social support found that specific types and components of this support affect depression

in varying degrees. What is not known is whether depression and social support have a direct impact on a person's decision to leave an emotionally abusive relationship. There is also a lack of knowledge about males who are experiencing abuse in their relationships, specifically how the abuse affects them and how or whether they make the decision to leave the relationship.

### *Purpose of Study*

The purpose of the present study was to explore the relationship between depression and one's decision to leave an emotionally abusive relationship. Drawing from Seligman's concept of learned helplessness, Walker's battered women's syndrome, and Loring's definition of the pattern of emotional abuse, the present study is based on the theoretical premise that the continuous and increasing nature of emotional abuse creates a pattern of learned helplessness in the individual. The individual's seemingly inability to control the abuse can cause increasing amounts of depression over time. In turn, the combination of depressive symptoms (i.e. loss of energy, diminished ability to think and make decisions, diminished interest in daily activities) along with a perceived inability to change his or her situation may result in an abused person's decision to allow the relationship to remain the same. In this case, "remaining the same" would indicate remaining with the abusive partner. A review of the current literature has acknowledged that depressive symptoms are correlated with intimate partner abuse and that these depressive symptoms persist over time. However, the specific impact of depression on a person's decision to leave his or her relationship has not been researched. The research has indicated that depression may have an effect on a victim's self esteem and

motivation, and the lack of these factors may encourage an abused person to continue to endure emotional abuse.

The variable of social support will be explored as a possible moderator in the relationship between depression and a person's decision to leave. Current research has found that social support may lower depression levels, which in turn may have an impact on the decision that an abused person makes, including the decision to terminate the relationship. The gender of the abused person will be studied in terms of differences in how men and women make the decision to leave an emotionally abusive relationship, specifically in terms of the impact of social support and depression on decision making.

### *Hypotheses*

1. For individuals experiencing emotional abuse, there is a negative relationship between depression and steps taken to leave the relationship, such that the higher a person's depression level, the fewer steps that person will take to leave.
2. a) For individuals experiencing emotional abuse, there is a positive relationship between the social support of friends and family and steps taken to leave the relationship, such that the more social support a person has, the more steps said person will take to leave.  
b) The social support of friends will have a stronger association with steps in leaving than the social support of family members.
3. a) For individuals experiencing emotional abuse, social support will moderate the relationship between depression and steps in leaving the relationship.  
b) The social support of friends will have a stronger moderating effect on the

relationship between depression and steps in leaving the relationship than social support of family members.

## Chapter III: Methodology

### *Sample*

The sample for this study is a subset from pre-existing data collected from 493 participants (247 females and 246 males) who presented for couples' therapy between November 2000 and February 2005 at the Family Service Center, which is the clinical training facility for marriage and family therapy students at the University of Maryland, College Park. The individuals in the sample were not court-ordered, were all English-speaking clients, and were residents of Washington D.C. or surrounding Maryland suburban areas. After identifying those participants who were emotionally abused, the subset used in the sample consisted of 212 females and 202 males. The ages of the participants ranged from 17 to 82 ( $M = 32.74$ ,  $SD=9.18$ ). Regarding racial/ethnic makeup, 196 of the participants (47.0%) were African-American, 154 participants (36.9%) were Caucasian, 29 participants (7.0%) were Hispanic, and 36 participants (8.6%) classified themselves as Asian/Pacific Islander, Native American, or other. In terms of education, 50 participants (12.0%) had some high school education or attended trade school. One hundred seventy three participants (41.5%) had completed high school or attended college. Two hundred sixteen individuals (51.8%) obtained a bachelor's degree, and 96 participants (23.0%) participated in post graduate education. When classifying occupations, 92 participants (22.0%) were categorized as students, unskilled workers, or homemakers. Thirty-two individuals (7.7%) were service or semi-skilled workers, and 97 individuals (23.3%) were either clerical or skilled workers. One hundred forty nine individuals (35.8%) identified their work as "professional/college level" jobs and 38 participants (9.1%) were executives or small business owners. Income levels

ranged from \$0 to \$200,000 ( $M = \$29,324$ ,  $SD=24,727$ ). The average number of children was 1.12, with a range from 0 to 6 children. In regards to relationship status, 223 individuals (53.5%) were married and living together, 72 participants (17.3%) were dating and living together, 77 individuals (18.5%) were dating and not living together and 37 participants (8.9%) were currently married, but separated. Eight individuals (1.9%) were either legally separated or divorced. Reported numbers of years together ranged from 0-41 years, ( $M = 6.90$ ,  $SD=7.00$ ).

### *Procedure*

Prior to the first therapy session, clients who were seeking couples' therapy called the Family Service Center and completed a phone intake. This intake gathered basic information such as couple demographics, presence of alcohol or drug abuse, violence, court involvement, and reasons for seeking therapy. The intake was then assigned to a therapist during a weekly staff meeting. The therapist contacted the client to set an initial appointment.

During the first session, the therapist discussed confidentiality and fees for therapy with the couple and each partner signed a consent form (Appendix A), acknowledging their understanding of these issues. Each member of the couple was then asked to complete an assessment packet and interview individually. The assessment packet was a collection of research instruments that was used to assess abuse in the couple (both emotional and physical ), relationship satisfaction, points of conflict in the relationship, and factors involved in the well-being of the individual, such as alcohol and drug abuse, social support, and depression. During the assessment, the therapist conducted an interview with each person in the couple. The interview assessed physical



violence and the partner's personal feelings of safety in living with and participating in therapy with his or her partner. Members of the couple completed the packet and were interviewed in separate rooms to protect confidentiality and accurately assess safety in possible violent relationships. Four of the measures in the standard assessment were used in this study.

### *Measures*

Emotionally abused individuals were identified using a self report measure of conflict behaviors called the Multi-Dimensional Emotional Abuse Scale (MDEAS) (see Appendix B). The participants were asked to answer 54 questions that reported the frequency of behaviors that they and their partners exhibited in the last four months on a 7-point frequency scale (never, once, twice, 3-5 times, 6-10 times, 11-20 times, and more than 20 times) (Murphy & Hoover, 2001). The measure was created as a four factor model and contains the following subscales: Hostile/Withdrawal, Dominance/Intimidation, Denigration, and Restrictive/Engulfment. A participant's score was determined by the sum of the scores of the four subscales.

The measure was developed by Murphy and Hoover in 2001. The original measure was a 34-item set that was administered to 160 students in dating relationships addressing the areas of dominance/intimidation, restrictive engulfment, denigration, and hostile withdrawal. These four areas were assessed based on a review of the literature on psychological abuse in marriage and dating relationships and the common forms of emotional abuse identified in these relationships. Items on the original measure were deleted and new items were added based on response frequencies, item-scale correlations, discussions with undergraduate research assistants about how the four behaviors played

out in their relationships, and Murphy's experiences with domestic violence perpetrators. The final measure consisted of 54 questions.

Coefficient alphas were reported for the four subscales for both abusive behaviors by self and abusive behaviors by partners. The alphas were .83 for self report of behaviors and .91 for report of partner's behaviors on the domination/intimidation questions (items #22-28). Alphas for the items on the restrictive engulfment area (items #1-7) were .84 for self and .85 for partner. Denigration items alphas (item #8-14) were .89 for self and .92 for partners, and hostile/withdrawal alphas (items #15-21) were .88 for self and .91 for partner behavior (Murphy & Hoover, 2001).

Prior to testing the hypotheses in the present study, it was necessary to identify the emotionally abused participants in the sample. To do this, frequencies were run on total scores from the MDEAS. Scores ranged from 0-156 ( $M = 38.25$ ,  $SD=29.77$ ). Based on the frequency distribution, it was determined that participants falling below one standard deviation of the mean had an insufficient level of emotional abuse to be included in the sample. By this definition, 39 males and 30 females, or 14.2% of the original sample were excluded from the study, leaving 217 females and 207 males who were used in this study.

### *Independent Variables*

Two independent variables were assessed in the current study, depression and social support. The variable of depression was measured using The Beck Depression Inventory (BDI) (Appendix C). This inventory is designed to assess the presence of symptoms of depressive symptoms in adolescents and adults (Beck, Steer, & Garbin, 1988). The 21-symptoms and attitudes assessed included mood, self-dissatisfaction, body

image, somatic symptoms, social withdrawal, guilt, and suicidal ideation. Respondents described the severity of their symptoms by using a four-point scale ranging from zero to three. Overall scores were calculated by adding together scores from the 21 questions and range from 0-63. Total scores of 9 or less indicated minimal depression, scores of 10-18 indicated mild to moderate depression, scores of 17-29 indicated moderate to severe depression, and scores of 30 and above indicated severe depression (Beck, Steer, & Garbin, 1988).

Reliability of the BDI was studied in 38 patients over the course of two administrations of the measure (Beck, Steer, & Garbin, 1988). Reliability coefficients for the BDI were in the acceptable range of above .90. Internal consistency ranged from .73 to .92. When looking at the clinical state of the participants, the internal consistency had a mean score of .86 in psychiatric subjects and .81 in non-psychiatric subjects.

Social support was measured using The Perceived Social Support Scale-Family and Friends (PSS-Fa and PSS Fr) (Appendix D). The scale was created by Procidano and Heller (1983) and consisted of a set of 20 identical questions asking about the relationship an individual had with his or her friends and family. The questions were originally scored on a three-point scale with the responses of yes, no, and don't know. Procidano and Heller (1983) reported a Cronbach alpha of .88 for the friends support scale and .90 for the family support scale score. The measure was revised by The Family Service Center and the questions are now scored on a 5-point scale ranging from 1-5, with a score on 1 indicating "yes" and a score of 5 indicating "no" and a score of 3 indicating "don't know".

### *Dependent Variables*

The dependent variable is steps that the individual has taken toward leaving his or her intimate relationship. Steps in leaving were measured through the Marital Status Inventory-Revised” or MSI-R (Appendix E). The original measure (MSI) was created by Weiss and Cerreto in 1980. It consisted of 14 questions that assessed the intensity of the actions that one has taken to leave a marriage, with intensity being defined as the change between general thoughts to tangible steps taken to leave (talking about leaving, moving out, etc.). The questions were arranged on a continuum, with each affirmative answer to a questions showing increasing commitment to divorce. In a study of 143 married students, the test revealed a Coefficient of Reproducibility of .90, a Minimum Marginal Reproducibility of .21, a Percent Improvement score of .69, and Coefficient of Scalability of .87. (Weiss and Cerreto, 1980). The test was revised in 2000 by Dr. Norman Epstein and Dr. Carol Werlinich of the Department of Family Studies at the University of Maryland by adding four additional questions and revising the item wording to assess couples who are dating or living together as well as couples who are married (e.g. terms that are limited to legal marriages only are avoided).

## Chapter IV: Results

### *Preliminary Analysis*

Frequencies were run to identify the means and standard deviations of the independent and dependent variables for this sample. The results are found in Table 1.

Table 1

#### *Statistics for Study Variables*

Variable	Mean (M)	Standard Deviation (SD)
Emotional Abuse	44.00	28.33
Depression	12.36	8.37
Total Social Support	110.61	17.39
Family Social Support	56.06	12.06
Friend Social Support	54.73	10.55
Steps to Leaving	6.60	4.23

### *Primary Analysis*

The present study was designed to test the following hypotheses:

1. For individuals experiencing emotional abuse, there is a negative relationship between depression and steps taken to leave the relationship, such that the higher a person's depression level, the fewer steps that person will take to leave.
2. a) For individuals experiencing emotional abuse, there is a positive relationship between the social support of friends and family and steps taken to leave the relationship, such that the more social support a person has, the more steps said person will take to leave.  
b) The social support of friends will have a stronger association with steps in leaving than the social support of family members.
3. a) For individuals experiencing emotional abuse, social support will moderate the relationship between depression and steps in leaving the relationship.  
b) The social support of friends will have a stronger moderating effect on the relationship between depression and steps in leaving the relationship than social support of family members.

Hypotheses 1 and 2 were analyzed using a two-tailed Pearson correlation. Results indicated a positive correlation between depression and steps in leaving,  $r = .28, p < .01$ . When looking at this relationship for males and female separately, the results were similar. For both males,  $r = .27, p < .01$ , and females,  $r = .23, p < .01$ , high rates of depression were associated with having taken more steps to leave the relationship. Thus,

Hypothesis 1 was not supported. In fact, the opposite was found, that being depression was significantly positively associated with steps to leave.

Results also indicated no significant correlation between total social support and steps in leaving,  $r = -.05$ ,  $p = .38$ . These results were the same when looking at males,  $r = .01$ ,  $p = .92$ , and females,  $r = -.04$ ,  $p = .60$ . Therefore, Hypothesis 2a was not supported. When looking at friend and family support separately, a negative correlation was found between friend support and steps in leaving for the total population,  $r = -.13$ ,  $p < .05$ . However, there was not a significant correlation between family support and steps in leaving,  $r = .04$ ,  $p = .47$ . When males and females were analyzed separately, the results for males indicated that there was not a significant relationship between either friend or family support and steps in leaving (friends,  $r = -.02$ ,  $p = .79$ ; family,  $r = .06$ ,  $p = .44$ ). For females, there was not a significant correlation between family support and steps in leaving,  $r = .05$ ,  $p = .53$ . However, for friend support, negative association was found,  $r = -.17$ ,  $p < .05$ . In other words, emotionally abused women with the highest levels of friend support had taken the fewest steps to leave the relationship. Thus, Hypothesis 2b was supported for females only, although in the opposite direction predicted in 2a.

For Hypotheses 3a and 3b, the data were analyzed using a stepwise regression analysis. A stepwise regression analysis takes independent variables and tests their effectiveness in predicting the dependent variable. The first independent variable entered into the model is the variable with the strongest correlation to the dependent variable. For each step in the model, significant variables will be added, and variables can also be dropped from the model until the best predictive model is found. To test for possible moderating effects, a depression  $\times$  friend social support interaction variable was created.

Thus, the variables for possible entry into the regression were depression, social support, and depression  $\times$  friend social support. For hypothesis 3a and 3b, social support of family and total social support were not analyzed as moderators between depression and steps in leaving because the prior analyses indicated that they were not significantly correlated with the dependent variable.

Results of the regression analysis using all emotionally abused respondents indicated that the final regression equation was significant,  $F(2, 234) = 14.23, p < .001$ , when two variables were added, depression ( $\beta = .25$ ) and social support of friends ( $\beta = -.11$ ). The total regression equation accounted for 8% of the variance in steps in leaving, and the interaction variable was not added in the final equation. For males, the final regression equation model was significant  $F(1, 166) = 11.58, p < .001$ , with only the variable depression ( $\beta = .26$ ) entered. The regression equation accounted for 7% of the variance in steps in leaving, and the interaction variable was not added into the equation. For females, the final regression equation was significant,  $F(2, 165) = 6.56, p < .002$ , with depression ( $\beta = .69$ ) and the interaction variable ( $\beta = -.51$ ) entered in the final equation. The total regression equation accounted for 8% of the variance in steps in leaving. Thus, Hypothesis 3a and 3b were supported for females only.

To better understand the moderating effects of social support, group means were calculated for the variables of depression and social support of friends. High and low groups were formed for each variable based on a median split of the scores. Individuals having scores less than or equal to 11 were categorized as low depression and individuals having scores above 11 were categorized as high depression. For social support of friends, those classified as having low support were individuals with scores ranging from



28-50. High support individuals were designated as having scores of 51-90. The means for steps to leave for these four groups are listed in the table below. Examination of these means indicate that the social support of friends did not significantly affect steps to leave for low depression individuals. However, for those with higher depression scores in the sample, the social support of friends appeared to have a stronger effect on steps taken to leave the relationship. For this high depression group, those with greater friend support took fewer steps to leave the emotionally abusive relationship.

Table 2

*Differences in Means for Steps to Leaving For Low/High Depression and Low/High Social Support Individuals*

Dependent Variable: Steps in leaving

	Low Depression	High Depression
Low SS	6.68	9.50
High SS	6.29	7.20

*Secondary Analysis*

Although severity of abuse was not part of the original hypotheses, a review of the research indicates that severity of abuse is a possible factor affecting an individual's decision to leave an abusive relationship (Henning & Klesges, 2003). Therefore, additional regression analyses were run to test the effect of severity of emotional abuse in predicting steps to leaving. The MDEAS total score was used to assess severity in the analyses. For the three groups (total population, males, and females), severity was added

as a predictor with whatever variable or variables had been significant in the regression for that specific group.

For the total population, severity of abuse, depression, and social support of friends were the independent variables. The final regression equation showed that the model was significant,  $F(3, 169) = 12.81, p < .001$ , with three variables added, severity ( $\beta = .35$ ), depression ( $\beta = .16$ ), and social support of friends ( $\beta = -.14$ ). The total regression equation accounted for 19% of the variance in steps in leaving. For males, the independent variables were severity of abuse and depression. The total regression equation was significant,  $F(2, 200) = 28.62, p < .001$ , with the addition of severity ( $\beta = .40$ ), and depression ( $\beta = .19$ ). The total regression equation accounted for 22% of the variance in steps in leaving. For females, the independent variables used were depression, severity of abuse, and social support of friends. The final regression equation showed that the model was significant,  $F(3, 186) = 17.00, p < .001$ , with the addition of severity ( $\beta = .38$ ), depression ( $\beta = .16$ ), and social support of friends ( $\beta = -.15$ ). The total regression equation accounted for 22% of the variance in steps in leaving. Thus, for each regression run in the secondary analysis, severity of abuse accounted for the largest amount of variance in steps taken to leave an emotionally abusive relationship.

## Chapter V: Discussion

The current study was designed to explore the relationship between depression, social support, and one's decision to leave an emotionally abusive relationship. Current literature has looked at the relationship between depression and adult intimate partner abuse, but had not looked at the role of depression in one's decision to continue the relationship. Social support literature found support to lower or moderate depression levels in various populations, including victims of physical abuse. This study had four specific purposes. The first was to determine if depression had an impact on a person's decision to leave an abusive relationship. Secondly, the study considered whether social support was related to a person's decision to leave and whether friend social support and family social support were associated differently with leaving. Third, the study was designed to determine whether social support moderated the relationship between depression and the decision to leave the relationship. Lastly, the study examined gender differences in the relationships between depression, social support, and decision to leave.

### *Summary of Results*

In the study, five predictions were made. First, it was hypothesized that in individuals experiencing emotional abuse, depression would be negatively associated with steps taken to leave the relationship. The hypothesis was not supported for either the total population or for males and females separately. However, contrary to the hypothesis, a significant positive correlation was found between depression and steps to leave. That is, respondents who were more depressed had taken more steps to leave their relationships. This correlation was found for both the total population and both genders.

Secondly, it was predicted that social support of friends and family would be positively associated with steps taken to leave the relationship. This hypothesis was not supported for the total population or the specific genders. Third, it was predicted that the social support of friends would have a stronger association with steps to leave than would the social support of family members. For the total population and for both genders, family social support was not related with steps to leave. However, the social support of friends was found to have a significant negative relationship with steps to leave in the total population. When analyzed by gender, this relationship was not found in the male population, but was found in the female population. Thus it appears that for women in emotionally abusive relationship, receiving higher levels of general support from friends was associated with taking fewer steps to leave an abusive relationship.

Fourth, it was hypothesized that total social support would moderate the relationship between depression and steps to leave the relationship. This hypothesis was not supported for the total population or for males, but was supported for females. Furthermore, the moderating effect of the social support of friends was found to be stronger for those females who were experiencing higher levels of depression in the sample. Lastly, the hypothesis that the social support of friends would have a stronger moderating effect on the relationship between depression and steps to leave than the social support of family was not tested. This decision was made because family social support was not found to moderate the relationship between depression and steps to leave.

### *Limitations of the Study*

Any interpretation of these findings must be made in light of the limitations found in the current study. First, the majority of the population in this study reported low to moderate levels of emotional abuse ( $M = 44.00$ ,  $SD = 28.33$ ; scores ranged from 0-156). Although no normative data have been provided for establishing levels of emotional abuse, it is possible that the literature indicating a link between abuse and negative mental health symptoms experienced has looked at populations experiencing more severe emotional abuse. The limited severity and range of abuse in this sample may have constrained the ability to test the relationships between the variables in question in the present study.

Secondly, there may be some lack of clarity in the social support measure which makes interpretations difficult. The social support questionnaire does not specify whether an individual's significant other is considered when answering questions about family social support. If an individual is including an abusive partner in questions about social support, it could possibly lower social support scores and impact the relationship between social support and steps to leave the relationship. In addition, the questionnaire does not specify for unmarried couples whether their significant other is identified as a "friend" or a "family member". Again, this lack of distinction could affect how social support scores of friends and family are interpreted. If an individual is considering their significant other as a friend (whether the support is positive or negative) this could affect the friend support scores and the relationship between social support and steps to leave the relationship. In the present study, the social support of family was not associated with steps to leave the relationship for either gender, and the social support of friends was

negatively associated with steps to leave. If the individual is considering the abusive partner as family, one could argue that an abusive partner would not be supportive of his or her partner's decision to leave the relationship, especially if elements of jealousy, isolation, and possessiveness are present in the relationship. This could lower the entire family support score and possibly skew the possibility that the family would support steps to leave the relationship. This reasoning is also valid for the results for the friend support result. The abusive partner may not be supportive of his/her partner's decision to leave and may even work to talk the partner into staying in the relationship.

Third, the study did not control for physical abuse. Although the research supports the reasoning for studying emotional abuse as its own construct (Loring, 1994), the research does indicate that physical and emotional abuse are highly linked. Henning and Klesges (2003) found that women experiencing both physical and psychological abuse were more likely to want to leave their relationship than non-abused women or women experiencing psychological abuse only. Women experiencing both physical and emotional abuse were also found to experience higher levels of depression (Ramos & Carlson, 2004). Therefore, the presence of physical abuse may have an impact on the relationship between depression and steps to leave the relationship.

Fourth, the sample was comprised of individuals who were seeking couples therapy. This may indicate that these individuals have identified problems in their relationship and are seeking help to address these issues; therefore, they may be more open and hopeful about making changes in the relationship. It may be reasonable to think that those individuals who are not help-seeking at this time may be internalizing

emotional abuse and depression in a different manner. They may also use social support in a different way than persons who are seeking therapy.

#### *Explanation of the Findings*

Contrary to the hypothesis, depression was positively correlated with steps to leave an emotionally abusive relationship. Although the specific direction of the causation can not be determined from these data, for discussion purposes, it is not difficult to imagine two possible causal scenarios. First, depression may act as a motivator rather than an inhibitor to leave an abusive relationship for both men and women. This interpretation is interesting because it seems to contradict how the effects of depression are conceptualized in the mental health field. Depression has been identified by symptoms such as a major loss of interest in activities, diminished ability to think or concentrate, feelings of worthlessness, and indecisiveness. These symptoms would appear to impair motivation and willingness to change, yet this was not the case in the present study. A review of domestic violence literature did not indicate reasons for the finding or what components of depression would motivate a person to leave an abusive relationship. However, the relationship between depression and motivation has been studied and documented in the substance abuse literature. For example, Cahill, Adinoff, Hosig, Muller, and Pulliam (2003) studied the association between depression, anxiety, and levels of motivation at pre-treatment and post-treatment in 78 males residing in a 2 week residential substance abuse treatment program. Results of the study indicated that depression scores were highly positively correlated with both internal and external motivation for change at both pre-treatment and post-treatment. The literature also indicated that more severe symptoms of depression were related to higher levels of

problem recognition, which in turn was associated with a greater desire for help (Magura, Nwakeze, & Rosenblum, 2002). Persons reporting higher levels of depression also reported intention to change their behavior more quickly when faced with a traumatic event related to their substance use (Barnett et al., 2002). These results make sense based on the theory of change in the substance abuse literature, which states that change does not happen unless a person begins to dislike the situation that he or she is in. In other words, if a person does not feel uncomfortable in a situation, there is not a reason to change the way things are. In the present study, the BDI scores indicated that the participants were at least mildly depressed during the past four months, which can cause a state of discomfort. They in turn may have connected their depressive symptoms with concerns about their relationships, and taking steps to leave the relationship may be an attempt to change the level of depression that they feel.

However, there is also literature that states that the severity of depression can be inhibiting at certain levels. In his studies on the symptomatology of depression, Beck (1967) differentiated between “retarded” depression and “agitated” depression. He describes the “retarded” depressive as having a reduction in spontaneous activity and displaying a decrease in verbal and physical output, with those experiencing severe depression as being almost in a “semi-stupor”. By contrast, the “agitated” depressive displays trouble with concentration and focusing on tasks. He or she may also have strong verbal rumination about the past and future events. This may suggest that certain symptoms of depression may affect decision making in different ways. In a further review of depression literature, researchers studied the effects of a lifestyle management program for individuals suffering from coronary artery disease. It was found that the use



of lifestyle training programs and advocate support lowered the depression levels of those reporting mild to moderate depressive symptoms over the course of a year (Lisspers, Soderman, Sundin, & Nygren, 1999). However, the clinically depressed group's depression means rose over the 12 month intervention. This suggests behavioral differences based on the level of depression. Since the current study sample was predominately experiencing mild to moderate levels of depression ( $M = 12.36$ ,  $SD = 8.37$ ), they may have not been experiencing the more inhibiting effects of the disorder, and the symptoms experienced may have been seen as a nuisance rather than paralyzing. Thus, their moderate level of depression could have motivated them, similar to participants in the substance abuse study, to make changes in their uncomfortable situations.

A second interpretation of the positive relationship between depression and steps taken to leave the relationship is that those individuals who have decided to end a relationship and are taking steps in that direction, experience more depressive symptoms as they accept the reality that their relationship is ending. It is not hard to imagine that as one sees the end of a relationship in sight, even a problematic abusive relationship, there are feelings of sadness and loss about what might have been. Such an interpretation would be consistent with research from the divorce literature. Menaghan and Liberman (1986) studied the relationship between depression and divorce by analyzing data from an ongoing panel study of life stressors and coping strategies in 790 Chicago area residents. The participants were interviewed in 1972 and 1976. In the 1976 interview, 758 participants were married to the same partner and 32 participants were newly divorced. Results of the study indicated that those who were newly divorced had significantly

higher levels of depression than their married counterparts. A further analysis of current life stressors indicated that this depression was increased by a perceived loss of living status from the individual's marriage and economic struggles. In the present study, the depression levels of individuals who have taken more steps to leave the relationship may be affected by the life stressors that the breakup of a relationship may bring, such as a loss of two incomes and a possible drop in standard of living. These feelings of depression may be present even if the individual felt that leaving the relationship was necessary. Whether the relationship between depression and steps to leave an abusive relationship is indicated by the general effects of terminating a relationship or by the properties of depression itself, what is evident is that further research needs to be conducted that specifically looks at the motivating and inhibiting effects of depression and the role of different levels of depression on taking steps to leave an emotionally abusive relationship.

Turning now to the findings for social support, one interesting finding in the present study was that the social support of friends appeared to be negatively associated with a woman's decision to leave an emotionally abusive relationship. The social support of friends also moderated the relationship between depression and steps to leave in when experiencing higher levels of depression. In other words, women in the sample who experienced the most supportive friendships had taken fewer steps to extricate themselves from an emotionally abusive relationship and this association was more pronounced in women with higher levels of abuse. The question that arises from this finding is "Why?" Several possibilities exist for this finding. The first could be the buffering effect of social support. Coker et al (2002) found that abused women who reported higher levels of social

support, especially the support received from friends described as “always emotionally supportive”, reported lower levels of depression and anxiety. In a study of abuse survivors, Fry and Barker (2002) found that the more satisfied participants were with their social support, the lower their depression and loneliness levels and the more positive they were about their emotional health. In the present study, depression may be a trigger to alert the participants that something was wrong in their relationships and changes may need to be made. Turning to friends to help “manage” the problem would not be surprising. If the participants are able to cope with the abuse experienced because of outside support, then they may be more willing to stay in the relationship.

The idea that support from one source can help a person cope with problems from another source has been studied outside of the abuse literature. Lepore (1992) studied the buffering effects of social support on psychological distress in friend and roommate support systems. Two hundred twenty-eight college students (106 men and 122 women) were assessed for social conflict, perceived social support, and psychological distress in their roommate and friend relationships at 2 weeks and 7 weeks after moving into an apartment. It was found that there was a positive relationship between roommate conflict and psychological stress in individual with low levels of friend support. However, a negative relationship was found between roommate conflict and psychological distress among individual with high levels of friend support. In addition, persons with high roommate support reported a negative relationship between friend conflict and psychological distress.

The buffering effect of friend social support has also been explained by the

therapeutic function of women's friendships. That is, the interactions that take place between female friends may be being used as coping mechanisms to deal with problems in the relationship. Oliner (1989) found that married women used their discussions with close friends to improve their relationships with their partners (Oliner termed this observation as "collective marriage work"). Wood (1996) discussed how her research on female friendships noted that women feel that their friends give them self-confidence, courage to make important decisions, and a fresh perspective on their lives. In the abuse literature, Levendosky et al. (2004) found that the number of times a woman discussed her abuse with her support network was positively correlated with emotional and practical aid support received. One could argue that female friends are engaging in "therapeutic" exchanges that may be helping them to either cope or work on problems in their relationships without leaving that relationship.

A third explanation for why women with high social support are less likely to leave their relationship could be the makeup of the social support network that is being utilized. Levendosky et al. (2004) found that abused women were significantly more likely to have more people who were experiencing abuse in their social support network than women who were not abused. This finding was also noticed in research conducted by Fry and Barker (2002). One could argue that the friends of abused women may be working together to learn how to cope with their relationships rather than encouraging one another to leave. Similarly, when one sees that most of her friends are in the same situation she is, she may be less inclined to make a change or believe that there are better options "out there".

Another explanation for this finding is the “economy” of leaving, namely that women may be using her friends as a means to cope with the abusive relationship until she is financially prepared to live on her own. Lutenbacher, Cohen, and Mitzel (2003) looked at women’s experiences of coping with abusive behaviors, talking about the abuse, and their experiences in trying to leave the abusive relationship. The women in this study had either recently left an abusive relationship or were still in an abusive relationship. In the discussion concerning leaving, the women identified a lack of stable housing, the inability to afford adequate legal services, and the lack of long-term financial resources as major sources of stress. Many of the women identified these issues as reasons for returning to the relationship. In the present study, it may be reasonable to believe that although the women may be experiencing depressive feelings, the feelings may not be enough for her to make a long-term financial decision to leave. This decision may be being reinforced or pointed out by the women’s friend social support network.

Turning now to the finding of the impact of friend and family support on men, it appears that support is not associated with a man’s decision to leave an abusive relationship. This is consistent with the social support literature. Wohlgemuth and Betz (1990) studied gender as a moderator between the levels of stress and social support in the prediction of physical difficulties. Perceived social support of friends and family, satisfaction with overall social support, level of functional social support, levels of stress, and physical symptomology were assessed in 115 undergraduate students (50 males and 65 females). Results of the study indicated that for females, functional social support, satisfaction with social support, and the perceived social support of family were significantly negatively correlated with physical difficulties. However, none of the social

support variables were predictive of physical difficulties for men. In the present study, the presence of family or friends did not seem to have an impact on depression levels or steps to leave the relationship. This may indicate that men do not utilize their friends or family when dealing with difficulties in their relationships.

Another explanation for the current study's finding is the possibility that men do utilize social support, but they may utilize specific types of social support that were not examined in the study. For example, research has identified that men use more instrumental forms of support and women tend to use more emotional forms of support (Day & Livingstone, 2003). Previous studies have also found that men usually cite their spouse as their main support (Powers & Bultena, 1976) while women are more likely to have emotionally intimate relationships outside of the marriage (Flaherty & Richman, 1989). Day and Livingstone (2003) found that in the presence of perceived stress, women reported seeking friend and family support to a greater degree than men. When perceived stress was controlled, women and men utilized family support to equal degrees; however, women still utilized friend support at a higher level than men. In relation to the present study, social support of friends and family may not have an effect on men because men do not utilize or consider social support outside of their partner in stressful situations.

During the review of the domestic violence literature for this study, one of the variables discussed with regularity was severity of abuse. Although the effect of severity of abuse was not the focus of the study, it is important to note its significance in relation to depression and steps to leave a relationship. Severity was found to be a stronger predictor of steps to leave than either depression or social support. These results are consistent with research on the effects of severity of co-occurring psychological and

physical abuse (Henning & Kleges, 2003). However, no other research has looked at severity of psychological abuse in predicting leaving. What has been studied in the psychological abuse field is the impact of types of abuse on depression and leaving the relationship. Follingstad et al. (1990) found that damage to property provided the highest motivation for a woman to leave an abusive relationship, while Katz and Arias (1999) identified emotional/verbally abusive behaviors as having a stronger correlation with depression than dominance/isolation behaviors. In Sackett and Saunders's (2001) study on the impact of different forms of psychological abuse for women, results indicated that ignoring behaviors and ridicule were significantly related to depression and lower self-esteem. In addition, Marshall's study (1996) on the effects of subtle and overt psychological abuse on women indicated that subtle psychological acts (undermining, discounting, and isolating behaviors) negatively impacted a woman's well-being more frequently than overt acts (dominating, indifference, monitoring, and discrediting behaviors). The severity finding suggests that it can be useful to explore both types and severity of abuse in future work. However, it is important to note that although severity of abuse was a stronger predictor of steps to leave an abusive relationship, it did not change the impact of social support and depression in the present study. For males, higher depression levels still indicated taking more steps to leave, and for females, the social support of friends continued to indicate taking fewer steps to leave the relationship.

#### *Implications for Future Research*

In future studies on depression and the decision to leave an emotionally abusive relationship, the severity of a person's depression should be considered. It may be helpful to incorporate the DSM\_IV diagnostic criteria to identify clinically depressed and

dysthmic persons versus those individuals experiencing mild to moderate depressive symptomology. It may also be useful to introduce a problem recognition variable to see if participants are connecting depressive symptoms to the emotional abuse that they are experiencing.

Second, the make-up of social support networks should be considered in order to analyze which components of social support may or may not impact a person's decision to leave an abusive relationship. This may include looking at how abuse victims use emotional, practical, and structural support. Another component that should be analyzed is the gender of one's support confidant as it may also have an effect on the usefulness of that support. Dumin, Woelfel, and Lin (1986) found that during a one year span, lower depression levels were found for persons with same-sex confidants as opposed to opposite-sex confidants. In addition, depression levels dropped when an individual with a same-sex confidant at the beginning of the study changed to a different sex confidant by the end of the study. Fry and Baker (2002) also found that the more men that were in an abuse survivor's network, the more satisfied the women reported being with that support system. It could be suggested that the present of males in support systems could have an influence on how a woman copes with an abusive relationship, including the decisions that she makes about that relationship. Domestic violence literature has also identified other social support networks that are utilized by individuals, (i.e., lawyers, therapists) (Tan & Basta, 1995), and the impact of these networks on one's decision to leave an abusive relationship.

Third, the use of a non-clinical sample would be useful in identifying if the results of this study would be replicated in non-clinical situations. Since the participants in this



study were voluntarily coming for couple's therapy, they appeared to be in a help-seeking mode and open to making changes in their relationship. It would be interesting to see if depression and social support impact the decision to leave in persons who have not made it to a therapist's doorstep.

Finally, although the sample was well balanced between Caucasian and African-American participants, the race of the individual should be considered in future studies. Past research has identified that African-Americans, Hispanics, Asians, and Caucasians, process social support and depression based on cultural and ethnic norms (Plant & Sachs-Ericsson, 2004; Ramos & Carlson, 2004). For example, Yoshioka, Gilber, El-Bassel, and Baig-Amin (2003) studied social support and disclosure of abuse in South Asian, African-American, and Hispanic women. Results indicated that African-American women were more likely to use formal support networks such as shelters and therapists than Hispanic or South Asian women. South Asian women were more likely to disclose abuse to family members, and African American and Hispanic women were more likely to seek help from the abuser's family. Differences such as these should be taken in account when studying how depression, social support and steps to leave an abusive relationship affect one another.

#### *Implications for Clinical Application*

From a clinical perspective, this study may suggest that therapists may need to look at how depression is currently treated in the mental health field. Depression, for the most part, has been seen as a negative in mental health. Current strategies to treat depression include changing cognitions and introducing positive self-talk into a depressed person's vocabulary, and all of these measures are introduced with the goal of lowering

one's depression level. This study indicates that it may be beneficial, at least for mildly depressed persons, for the therapist to allow the client to sit with their depression and to conceptualize depression as a positive teaching tool. The therapist can work with the client to identify the source of the depression and to see the depressive symptoms as an indication that changes need to be made.

Secondly, the therapist may need to devote more attention to discussing the make-up of an abused person's support system. Currently, one of the first things that a therapist will do is to help an abused person to identify and develop a support system. However, the therapist may need to help the client to analyze certain components about their system, specifically the messages that they are receiving from their friends about the relationship. Therapy can be compromised if the goal is to encourage the client to leave the relationship and the client's support system is encouraging them to stay.

The present study has indicated that both depression and social support are constructs that should be studied when looking at an individual's decision to leave an emotionally abusive relationship. The results of this study have laid the groundwork for additional studies to explore how individuals utilize depressive feelings in terms of making relationship decisions and the impact that outside individuals have on these decisions. The current study also opens the door for further study on how clinicians assess the usefulness of social support networks in an abused individual's life.

Appendix A

**Authorization and Release Form**

I/we understand that the Family Service Center at the University of Maryland is a teaching and research facility servicing families. As such, I/we understand that clinical sessions in which I/we participate may be audiotaped, videotaped, and/or observed by other FSC personnel. I/we understand that segments of these family or group sessions, as well as assessment information obtained from me/us by means of interviews and questionnaires, may be used by the Family Service Center for teaching advanced graduate students, research, supervision of clinical training, and professional conference presentations.

I/we understand that the Family Service Center may contact my referral source to inform them that I/we have followed through with my/our plans to enter therapy.

*Read to all clients*

**In potentially life threatening and/or other emergency situations (e.g., homicide, imminent physical injury suicide, and abuse) it is understood that confidentiality may be rescinded and information disclosed for the protection and safety of all parties involved. Under an opinion of the Attorney General, the FSC is obliged to report to social services or local law enforcement any possible child abuse or neglect, even if the alleged victim is an adult when the incident comes to light, and even if the alleged abuser is deceased.**

**If in the judgment of my therapist and his/her supervisor, a psychiatric consultation and referral is warranted, I agree to that requirement as a condition for continuation of therapy at the Family Service Center.**

In consideration of my participation in the Family Service Center's program, I hereby authorize the foregoing disclosures and other activities and agree to release the University of Maryland, its officers, agents, and employees from any and all claims, demands, and causes of action on account of any loss or injury resulting from such activities and such disclosures and/or the release of any information and/or records as authorized by this form. If applicable, as a parent, guardian, or custodian of \_\_\_\_\_, Minor child(ren), I/we hereby give permission/consent for the minor children to participate in therapy and to provide data that can be used in research and agree to indemnify and hold harmless the University of Maryland, its officers, agents, and employees from any and all claims, demands, and causes of action on account of any loss or injury, which said minor children my assert against the University of Maryland, its officers, agents, and employees in connection with such activities and/or the disclosure and/or release of any information and/or records as authorized by this form.

\_\_\_\_\_  
Family/Group Member

\_\_\_\_\_  
Social Security #

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Family/Group Member

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Social Security #

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Family/Group Member

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Social Security #

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MFT Therapist Intern

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Date

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MFT Therapist Intern

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Date

**Appendix B**

**Multi-Dimensional Emotional Abuse Scale**

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things **IN THE PAST 4 MONTHS**, and how many times your partner did them **IN THE PAST 4 MONTHS**. If you or your partner did not do one of these things in the past 4 months, but it happened before that, circle 7.

- Once (1)    Twice (2)    3-5 times (3)    6-10 times (4)    11-20 times (5)    20+ times (6)**
- Never in past 4 months (7)                      Never in relationship (0)**

	<b>How Often in the last 4 months?</b>																	
1. Asked the other person where s/he had been or who s/he was with in a suspicious manner.	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0
2. Secretly search through the other person's belongings.	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0
3. Tried to stop the other person from seeing certain friends or family members.	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0
4. Complained that the other person spends too much times with friends.	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0
5. Got angry because the other person went somewhere without telling him/her.	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0
6. Tried to make the other person feel guilty for not spending enough time together.	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0
7. Checked up on the other person by asking friends where s/he was or who s/he was with.	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0
8. Said or implied that the other person was stupid.	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0
9. Called the other person worthless.	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0
10. Called the other person ugly.	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0
11. Criticized the other person's appearance	You:	1	2	3	4	5	6	7	0	Your partner:	1	2	3	4	5	6	7	0

12. Called the other person a loser, failure, or similar term.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
13. Belittled the other person in front of other people.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
14. Said that someone else would be a better girlfriend or boyfriend.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
15. Became so angry that s/he was unable or unwilling to talk.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
16. Acted cold or distant when angry.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
17. Refused to have any discussion of a problem.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
18. Changed the subject on purpose when the other person was trying to discuss a problem.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
19. Refused to acknowledge a problem that the other felt was important.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
20. Sulked or refused to talk about an issue.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
21. Intentionally avoided the other person during a conflict or disagreement.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
22. Became angry enough to frighten the other person.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
23. Put her/his face right in front of the other person's face to make a point more forcefully.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
24. Threatened to hit the other person.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
25. Threaten to throw something at the other person.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
26. Threw, smashed, hit, or kicked something in front of the other person.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
27. Drove recklessly to frighten the other person.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0
28. Stood or hovered over the other person during a conflict or disagreement.	You: 1 2 3 4 5 6 7 0 Your partner: 1 2 3 4 5 6 7 0

## Appendix C

# Beck Depression Inventory

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the **PAST WEEK, INCLUDING TODAY!** Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. **Be sure to read all the statements in each group before making your choice.**

1. 0 I do not feel sad.  
1 I feel sad.  
2 I am sad all the time and I can't snap out of it.  
3 I am so sad or unhappy that I can't stand it.
  
2. 0 I am not particularly discouraged about the future.  
1 I feel discouraged about the future.  
2 I feel I have nothing to look forward to.  
3 I feel that the future is hopeless and that things cannot improve.
  
3. 0 I do not feel like a failure.  
1 I feel I have failed more than the average person.  
2 As I look back on my life, all I can see is a lot of failures.  
3 I feel I am a complete failure as a person.
  
4. 0 I get as much satisfaction out of things as I used to.  
1 I don't enjoy things the way I used to.  
2 I don't get real satisfaction out of anything anymore.  
3 I am dissatisfied or bored with everything.
  
5. 0 I don't feel particularly guilty.  
1 I feel guilty a good part of the time.  
2 I feel quite guilty most of the time.  
3 I feel guilty all the time.
  
6. 0 I don't feel I am being punished.  
1 I feel I may be punished.  
2 I expect to be punished.  
3 I feel I am being punished.
  
7. 0 I don't feel I am worse than anybody else.  
1 I am disappointed in myself.  
2 I am disgusted with myself.  
3 I hate myself.

8. 0 I don't feel I am any worse than anybody else.
  - 1 I am critical of myself for my weaknesses or mistakes.
  - 2 I blame myself all the time for my faults.
  - 3 I blame myself for everything bad that happens.
  
9. 0 I don't have any thoughts of killing myself.
  - 1 I have thoughts of killing myself, but I would not carry them out.
  - 2 I would like to kill myself.
  - 3 I would kill myself if I had the chance.
  
10. 0 I don't cry any more than usual.
  - 1 I cry more than I used to.
  - 2 I cry all the time now.
  - 3 I used to be able to cry, but now I can't cry even though I want to.
  
11. 0 I am no more irritated now than I have ever been.
  - 1 I get annoyed or irritated more easily than I used to.
  - 2 I feel irritated all the time now.
  - 3 I don't get irritated at all by the things that used to irritate me.
  
12. 0 I have not lost interest in other people.
  - 1 I am less interested in other people than I used to be.
  - 2 I have lost most of my interest in other people.
  - 3 I have lost all of my interest in other people.
  
13. 0 I make decisions about as well as I ever could.
  - 1 I put off making decisions more than I used to.
  - 2 I have greater difficulty in making decisions than before.
  - 3 I can't make decisions at all anymore.
  
14. 0 I don't feel I look any worse than I used to.
  - 1 I am worried that I am looking old or unattractive.
  - 2 I feel that there are permanent changes in my appearance that make me look unattractive.
  - 3 I believe that I look ugly.
  
15. 0 I can work about as well as before.
  - 1 It takes an extra effort to get started at doing something.
  - 2 I have to push myself very hard to do anything.
  - 3 I can't do any work at all.
  
16. 0 I can sleep as well as usual.
  - 1 I don't sleep as well as I used to.
  - 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
  - 3 I wake up several hours earlier than I used to and cannot get back to sleep.



17. 0 I don't get more tired than usual.  
1 I get tired more easily than I used to.  
2 I get tired more doing almost anything.  
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.  
1 My appetite is not as good as it used to be.  
2 My appetite is much worse now.  
3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any, lately.  
1 I have lost more than 5 pounds.  
2 I have lost more than 10 pounds.  
3 I have lost more than 15 pounds.  
***I am purposely trying to lose weight. Yes \_\_\_ No \_\_\_***
20. 0 I am no more worried about my health than usual.  
1 I am worried about physical problems such as aches, pains, an upset stomach or constipation.  
2 I am very worried about physical problems and it's hard to think of much else.  
3 I am so worried about my physical problems that I cannot think about anything else.
21. 0 I have not noticed any recent change in my interest in sex.  
1 I am less interested in sex than I used to be.  
2 I am much less interested in sex now.  
3 I have lost interest in sex completely.

Appendix D

**Perceived Social Support Scale-Friends and Family**

**SOCIAL SUPPORT**

**Directions:** The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationship with **FRIENDS**. When thinking about friends, please do not include family members. For each statement there are five possible answers (1 through 5) ranging from “Yes” to “No”. Please check the answer you choose for each item.

<u>Yes</u>					<u>No</u>	
1	2	3	4	5		
—	—	—	—	—	1.	My friends give me the emotional moral support I need.
—	—	—	—	—	2.	Most other people are closer to their friends than I am.
—	—	—	—	—	3.	My friends enjoy hearing about what I think.
—	—	—	—	—	4.	My friends come to me when they have problems or need advice.
—	—	—	—	—	5.	I rely on my friends for emotional support
—	—	—	—	—	6.	If I felt that one or more of my friends were upset with me, I'd just keep it to myself.
—	—	—	—	—	7.	I feel that I'm on the fringe in my circle of friends.
—	—	—	—	—	8.	There is a friend I could go to if I were just feeling down, without feeling funny about it later.
—	—	—	—	—	9.	My friends and I are very open about what we think about things.
—	—	—	—	—	10.	My friends are sensitive to my personal needs.
—	—	—	—	—	11.	My friends are good at helping me solve problems.

- — — — — 12. My I have a deep sharing relationship with a number of friends.
- — — — — 13. I have a deep sharing relationship with a number of friends.
- — — — — 14. My friends get good ideas about how to do things or make things from me.
- — — — — 15. When I confide in friends, it makes me feel uncomfortable.
- — — — — 16. My friends seek me out for companionship.
- — — — — 17. I think that my friends feel that I'm good at helping them solve problems.
- — — — — 18. I don't have a relationship with a friend that is as intimate as other people's relationship with friends.
- — — — — 19. I've recently gotten a good idea about how to do something from a friend.
- — — — — 20. I wish my friends were much different.

### SOCIAL SUPPORT

**Directions:** The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationship with **FAMILIES**. When thinking about family, please do not think of friends. For each statement there are five possible answers (1 through 5) ranging from “Yes” to “No”. Please check the answer you choose for each item.

<u>Yes</u>					<u>No</u>	
1	2	3	4	5		
—	—	—	—	—	1.	My family gives me the moral support I need.
—	—	—	—	—	2.	I get good ideas about how to do things or make things from my family.
—	—	—	—	—	3.	When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.
—	—	—	—	—	4.	Most other people are closer to their families than I am.
—	—	—	—	—	5.	My family enjoys hearing about what I think.
—	—	—	—	—	6.	Members of my family share the same many of my interest.
—	—	—	—	—	7.	Certain members of my family come to me when they have problems or need advice.
—	—	—	—	—	8.	I rely on my friends for emotional support
—	—	—	—	—	9.	There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.
—	—	—	—	—	10.	My family and I are very open about what we think about things.

- — — — — 11. My family is sensitive to my personal needs.
- — — — — 12. Members of my family come to me for emotional support.
- — — — — 13. Members of my family are good at helping me solve problems.
- — — — — 14. I have a deep sharing relationship with a number of members of my family.
- — — — — 15. Members of my family get good ideas about how to do things or make things from me.
- — — — — 16. When I confide in family members, it makes me feel uncomfortable.
- — — — — 17. Members of my family seek me out for companionship.
- — — — — 18. I think that my family feels that I'm good at helping them solve problems.
- — — — — 19. I don't have a relationship with a member of my family that is as close as other people's relationship with family members.
- — — — — 20. I wish my friends were much different.

## Appendix E

### **Marital Status Inventory-Revised**

**We would like to get an idea of how your relationship stands right now. Within the past four months have you...**

Yes\_\_ No\_\_ 1. Had frequent thoughts about separating from your partner, as much as one week or so.

Yes\_\_ No\_\_ 2. Occasionally thought about separation or divorce, usually after an argument.

Yes\_\_ No\_\_ 3. Thought specifically about separation, for example how to divide belongings, where to live, or who would get the children.

Yes\_\_ No\_\_ 4. Seriously thought about the costs and benefits of ending the relationship.

Yes\_\_ No\_\_ 5. Considered a divorce or separation a few times other than during or shortly after a fight, but only in general terms.

Yes\_\_ No\_\_ 6. Made specific plans to discuss separation with your partner, for example what you would say.

Yes\_\_ No\_\_ 7. Discussed separation (or divorce) with someone other than your partner (trusted friend, minister, counselor, relative).

Yes\_\_ No\_\_ 8. Discussed plans for moving out with friends or relatives.

Yes\_\_ No\_\_ 9. As a preparation for living on your own, set up an independent bank account in your own name to protect your interest.

Yes\_\_ No\_\_ 10. Suggested to your partner that you wish to have a separation.

Yes\_\_ No\_\_ 11. Discussed separation (or divorce) seriously with your partner.

Yes\_\_ No\_\_ 12. Your partner moved furniture or belongings into another residence.

Yes\_\_ No\_\_ 13. Consulted an attorney about legal separation, a stay away order, or divorce.

Yes\_\_ No\_\_ 14. Separated from your partner with plans to end the relationship.

Yes\_\_ No\_\_ 15. Separated from your partner, but with plans to get back together.

Yes\_\_ No\_\_ 16. File for legal separation.

Yes\_\_ No\_\_ 17. Reached final decision on child custody, visitation, and division of property.

Yes\_\_ No\_\_ 18. Filed for divorce or ended the relationship.

## References

- Abbey, A., Abramis, D. J., & Caplan, R. D. (1985). Effects of different sources of social support and social conflicts on emotional well-being. *Basic and Applied Social Psychology, 6*, 111-129.
- Arias, I., & Pape, K.T. (2001). Psychological abuse: Implications for adjustment and commitment to leave violent partners. In K. D. O'Leary & R. D. Maiuro (Eds.), *Psychological abuse in violent domestic relations* (pp. 137-151). New York: Springer.
- Barnett, N. P., Lebeau-Craven, R., O'Leary, T. A., Colby, S. M., Woolard, R., Rohsenow, D. J., Spirito, A., & Monti, P. M. (2002). Predictors of motivation to change after medical treatment for drinking-related events in adolescents. *Psychology of Addictive Behaviors, 16*(2), 106-112.
- Beck, A. T. (1967). *Depression: Causes and treatment*. Philadelphia, PA: University of Pennsylvania Press.
- Beck, A. T. (1967). *Depression: Clinical, experimental, and therapeutic aspects*. New York: Harper & Row.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Beck depression inventory manual* (2<sup>nd</sup> ed.). San Antonio, TX.: Psychological Corporation.
- Beck, A. T., Steer, R. A., & Garbin, M. A. (1988). Psychometric properties of the beck depression inventory: Twenty five years of evaluation. *Clinical Psychological Review, 8*, 77-100.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4*, 561-571.



- Briere, J. (1992). *Professional manual for the Trauma Symptom Inventory (TSI)*.  
Odessa, FL: Psychological Assessment Resources.
- Busch, A. L., & Rosenberg, M. S. (2004). Comparing women and men arrested  
for domestic violence: a preliminary report. *Journal of Family Violence*, 19(1),  
49-57.
- Cahill, M. A., Adinoff, B., Hosig, H., Muller, K., & Pulliam, C. (2003). Motivation for  
treatment preceding and following a substance abuse program. *Addictive  
Behaviors*, 28(1), 67-69.
- Carlson, B. E., McNutt, L., & Rose, I. M. (2002). Intimate partner abuse and mental  
health: The role of social support and other protective factors. *Violence  
Against Women*, 8(6), 720-745.
- Cascardi, M., O'Leary, K. D., & Schlee, K. A. (1999). Co-Occurrence and correlates of  
posttraumatic stress disorder and major depression in physically abused  
women. *Journal of Family Violence*, 14(3), 227-248.
- CDC. *Costs of Intimate Partner Violence against Women in the United States*.  
Atlanta (GA): U.S. Department of Health and Human Services, CDC; 2003.  
Retrieved May 3, 2005, from [http://www.cdc.gov/ncipc/pub-res/ipv\\_cost/ipv.htm](http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm)
- Chong, M. and Wilkerson, G. (1989). Validation of 30 and 12-item versions of the  
Chinese Health Questionnaire (CHQ) in patients admitted for general health  
screening. *Psychological Medicine*, 19(2), 495-505.
- Cohen, S., Mermelstein, R., Kamarck, T., & Hoberman, H. M. (1985). Measuring the  
functional components of social support. In I. G. Sarason & B. R. Sarason (Eds.),  
*Social support: Theory, research, and application* (pp. 74-94). Dordrecht:

Martinus Nijhoff.

Coker, A. L., Smith, P. H., Thompson, M. P., McKeown, R. E., Bethea, L., & Davis, K.

E. (2002). Social support protects against the negative effects of partner violence on mental health. *Journal of Women's Health & Gender-Based Medicine*, 11(5).

Costello, C. G., & Comrey, A. L. (1967). Scales for measuring depression and anxiety.

*Journal of Psychology*, 66, 303-313.

Day, A. L., & Livingstone, H. A. (2003). Gender differences in perceptions of stressors and utilization of social support among university students. *Canadian Journal of Behavioural Sciences*, 35(2), 73-83.

Dienemann, J., Boyle, E., Baker, D., Resnick, W., Wiederhorn, N., & Campbell, J. (2000).

Intimate partner abuse among women diagnosed with depression. *Issues in Mental Health Nursing*, 21, 499-503.

Dutton, D. G. (1995). *The domestic assault of women*. Vancouver: UBC Press.

Dutton, M. A. (1992). *Empowering and healing the battered woman: A model for assessment and intervention*. New York: Springer.

Follingstad, D. R., Rutledge, L. L., Berg, B. J., Hause, E. S., & Polek, D. S. (1990). The role of emotional abuse in physically abusive relationships. *Journal of Family Violence*, 5(2), 107-120.

Follingstad, D. R., Rutledge, L. L., Polek, D. S., & McNeill-Harkins, K. (1988). Factors associated with patterns of dating violence toward college women. *Journal of Family Violence*, 3, 182-189.

Follingstad, D. R., Wright, S., Lloyd, S., & Sebastian, J. A. (1991). Sex differences in motivations and effects in dating violence. *Family Relations*, 40(1), 51-61.

- Fowler, D. N., & Hill, H. M. (2004). Social support and spirituality as culturally relevant factors in coping among African-American women survivors of partner abuse. *Violence Against Women*, 10(11), 1267-1282.
- Fry, P. S., & Barker, L. A. (2002). Quality of relationships and structural properties of social support networks of female survivors of abuse. *Genetic, Social, and General Psychology Monographs*, 128(2), 139-163.
- Goldberg, D. P., Rickels, K., Downing, R., & Hesbacher, P. (1976). A comparison of two psychiatric screening tests. *British Journal of Psychiatry*, 129, 61-67.
- Haj-Yahia, M. M. (2000). Implications of wife abuse and battering for self-esteem, depression, and anxiety as revealed by the second Palestinian national survey on violence against women. *Journal of Family Issues*, 21(4), 435-463.
- Henning, K., & Klesges, L. M. (2003). Prevalence and characteristics of psychological abuse reported by court-involved battered women. *Journal of Interpersonal Violence*, 18(8), 857-871.
- Herbert, T. B., Silver, R. C., & Ellard, J. H. (1991). Coping with an abusive relationship: I. How and why women stay? *Journal of Marriage and the Family*, 53, 311-325.
- Hines, D. A., & Saudino, K. J. (2003). Gender differences in psychological, physical, and sexual aggression among college students using the revised conflicts tactic scale. *Violence and Victims*, 18(2), 197-215.
- Hudson, W. W. (1982). *The clinical measurement package: A field manual*. Belmont: Dorsey.
- Hudson, W. W., & McIntosh, S. R. (1981). The assessment of spouse abuse. two quantifiable divisions. *Journal of Marriage and the Family*, 43, 872-885.

- Hyden, M. (1999). The world of the fearful: Battered women's narratives of leaving abusive husbands. *Feminism and Psychology*, 9(4), 449-469.
- Intimate Partner Violence: Fact Sheet*. (2004, November 30). Retrieved May 3, 2005, from <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>.
- Kasian, M., & Painter, S. L. (1992). Frequency and severity of psychological abuse in a dating population. *Journal of Interpersonal Violence*, 7(3), 350-364.
- Katz, J., & Arias, I. (1999). Psychological abuse and depressive symptoms in dating women: Do different types of abuse have differential effects. *Journal of Family Violence*, 14(3), 281-295.
- Katz, J., Arias, I., & Beach, S. R. H. (2000). Psychological abuse, self-esteem, and women's dating relationship outcomes; A comparison of the self-verification and self-enhancement perspectives. *Psychology of Women Quarterly*, 24, 349-357.
- Laviolette, A. D. & Barnett, O. W. *It can happen to anyone: Why battered women stay*. Thousand Oaks, CA: Sage
- Lepore, S. J. (1992). Social conflict, social supports, and psychological distress: Evidence of cross-domain buffering effects. *Journal of Personality and Social Psychology*, 63(5), 857-867.
- Levendosky, A. A., Bogat, G. A., Theran, S. A., Trotter, J. S., Von Eye, A., & Davidson, W. S. (2004). The social networks of women experiencing domestic violence. *American Journal of Community Psychology*, 34(1/2), 95-109.
- Lin, N., Dean, A., & Ensel, W.M. (1986). Buffering the impact of the most important life event. In N. Lin, A. Dean, & W.M. Ensel (Eds.), *Social support, life*

- events, and depression* (pp.307-325). Orlando, FL: Academic Press.
- Lisspers, J., Soderman, E., Sudin, O., & Nygren, A. (1999). The effects on and of depression- An exploratory study of rehabilitation and secondary prevention in coronary artery disease. *Scandinavian Journal of Behaviour Therapy*, 28(1), 9-18.
- Loring, M. T. (1994). *Emotional abuse*. San Francisco, CA: Jossey-Bass.
- Loring, M. T., & Myers, D. L. (1991). Differentiating emotionally abused women. In M. T. Loring (Ed.), *Emotional abuse* (pp. 15-24). San Francisco, CA: Jossey-Bass.
- Lutenbacher, M., Cohen, A., & Mitzel, J. (2003). Do we really help? Perspectives of abused women. *Public Health Nursing*, 20(1), 56-64.
- Maiuro, R. (2001). Sticks and stones may break my bones, but names will also hurt me: Psychological abuse in domestically violent relationships. In K. D. O'Leary & R. D. Maiuro (Eds.), *Psychological abuse in violent domestic relations* (ix-xix). New York: Springer.
- Marshall, L. L. (1992). Severity of the violence against women scales. *Journal of Family Violence*, 7, 103-121.
- Marshall, L. L. (2001). Effects of men's subtle and overt psychological abuse on low-income women. In K. D. O'Leary & R. D. Maiuro (Eds.), *Psychological abuse in violent domestic relations* (pp. 153-175). New York, NY: Springer.
- Martin, A. J., Berenson, K. R., Griffing, S., Sage, R. E., Madry, L., Bingham, L. E., & Primm, B. J. (2000). The process of leaving an abusive relationship; The role of risk assessments and decision-certainty. *Journal of Family Violence*, 15(2),

109-124.

Miller, M. S. (1995). *No visible wounds: Identifying non-physical abuse of women by their men*. New York: Columbia Fawcett.

Murphy, C. M., Hartman, J., & Douchis, K. (1994). Commitment to abusive dating relationships: Testing the self-verification hypothesis. *Paper presented at the Annual Convention of the Association for the Advancement of Behavior Therapy*, San Diego, CA.

Murphy, C. M., & Hoover, S. A. (2001). Measuring emotional abuse in dating relationships as a multifactorial construct. In K. D. O'Leary & R. Maiuro (Eds.), *Psychological abuse in violent domestic relations* (ix-xix). New York: Springer .

Neidig, P. H., & Friedman, D. H. (1984). *Spouse abuse: A treatment program for couples*. Champagne: Research Press.

Norbeck, J. S., Lindsey, A. M., & Carrieri, V. L. (1981). The development of a instrument o measure social support. *Nursing Research*, 30, 264-269.

Nwakeze, P. C., Magura, S., & Rosenblum, A. (2002). Drug problem recognition, desire for help, and treatment readiness in a soup kitchen population. *Substance Use and Misuse*, 37(3), 291-312.

O'Hearn, R. E., & Davis, K. E. (1997). Women's experience of giving and receiving emotional abuse: An attachment perspective. *Journal of Interpersonal Violence* , 12(3), 375-399.

Oliker, S. J. (1989). *Best friends and marriage: Exchange among women*. Berkeley, CA: University of California Press

- Olstad, R., Sexton, H., & Sogaard, A. J. (2001). The Finnmark study. A prospective population study of the social support buffer hypothesis, specific stressors and mental distress. *Social Psychiatry & Psychiatric Epidemiology*, 36(12), 582-589.
- Peterson, C., Maier, S. F., & Seligman, M. E. P. (1993). *Learned helplessness: A theory for the age of personal control*. New York: Oxford University Press.
- Plant, E. A., & Sachs-Ericsson, N. (2004). Racial and ethnic differences in depression: The roles of social support and meeting basic needs. *Journal of Consulting and Clinical Psychology*, 72(1), 41-52.
- Procidano, M. E., & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology*, 11(1), 1-24.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1(3), 385-401.
- Ramos, B. M., & Carlson, B. E. (2004). Lifetime abuse and mental health distress among English-speaking Latinas. *Affilia*, 19(3), 239-256.
- Rennison, C. *Intimate Partner Violence, 1993-2001*. Washington (DC): Bureau of Justice Statistics, U.S. Department of Justice; 2003. Publication No. NCJ197838.
- Rodenburg, F. A., & Fantuzzo, J. W. (1993). The measure of wife abuse: Steps toward the development of a comprehensive assessment technique. *Journal of Family Violence*, (8), 208-228.
- Rose, L. E., & Campbell, J. (2000). The role of social support and family relationships in women's responses to battering. *Health Care for Women International*, 21(1), 27-40.

- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton: Princeton University Press.
- Sackett, L. A. , & Saunders, D. G. (2001). The impact of Different Forms of psychological abuse on battered women. In K. D. O’Leary & R. D. Maiuro (Eds), *Psychological abuse in violent domestic relations* (pp. 197-211). New York, NY: Springer.
- Saunders, D. G. (1994). Posttraumatic stress symptom profiles of battered women: A comparison of survivors in two settings. *Violence and Victims*9(1), 31 -44.
- Scholle, S. H., Rost, K. M., & Golding, J. M. (1998). Physical abuse among depressed women. *Journal of General Internal Medicine*, 13, 607-613.
- Seligman, M. E. P. (1975). *Helplessness: On depression, development, and death*. San Francisco: W. H. Freeman.
- Shepard, M. F., & Campbell, J. A. (1992). The abusive behavior inventory: A measure of psychological and physical abuse. *Journal of Interpersonal Violence*, 7, 291-305.
- Simonelli, C. J., & Ingram, K. M. (1998). Psychological distress among men experiencing emotional abuse in heterosexual dating relationships. *Journal of Interpersonal Violence*, 13(6), 667-682.
- Soeken, K., Parker, B., McFarlane, J., & Lominak, M. C. (1998). The abuse assessment screen: A clinical instrument to measure frequency, severity, and perpetrator of abuse against women. In J. C. Campbell (Ed.), *Beyond diagnosis: Changing the health care response to battered women and their children*. (pp.195-203). Newbury Park: Sage.
- Sorenson, S. B., Upchurch, D. M., & Shen, H. (1996). Violence and injury in marital



- arguments: Risk patterns and gender differences. *American Journal of Public Health*, 86, 35-40
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38(1), 15-25.
- Spitzer, R., Williams, J., Kroenke, K., Linzer, M., deGruy, F., & Hahn, S. (1994). Utility of a new procedure for diagnosing mental disorders in primary care: The PRIME-MD 1000 study. *Journal of the American Medical Association*, 272, 1749-1756.
- Strahan, R. and Gerbasi, K. C. (1972). Short, homogeneous versions of the Marlowe-Crowne social desirability scale. *Journal of Clinical Psychology*, 28(2), 191-193.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and the Family*, 41(1), 75-88.
- Straus, M. A. (1996). The revised conflicts tactics scale (CTS): Development and preliminary psychometric data. *Journal of Family Issues*, 17(3), 283-316.
- Straus, M. A., Gelles, R.J., & Steinmetz, S.K. (1980). *Behind closed doors: Violence in the American family*. Garden City, NJ: Anchor Press.
- Tan, C., & Basta, J. (1995). The role of social support in the lives of women exiting domestic violence shelters. *Journal of Interpersonal Violence*, 10(4), 437-453.
- Tolman, R. (1989). The development of a measure of psychological maltreatment of women by their male partners. *Violence and Victims*, 4, 159-177.
- Tolman, R. (1999). The validation of the psychological maltreatment of women inventory. *Violence and Victims*, 14, 25-37.

- Tuel, B. D., & Russell, R. K. (1998). Self-esteem and depression in battered women: A comparison of lesbian and heterosexual survivors. *Violence Against Women*, 4(3), 344-363.
- Walker, L. E. (1984). *The battered woman syndrome*. New York, NY: Springer.
- Weiss, R. L., & Cerreto, M. C. (1980). The marital status inventory: Development of a measure of dissolution potential. *The American Journal of Family Therapy*, 8(2), 80-85.
- Williams, J. B., Gibbon, M., First, M. B., Spitzer, R. L., & Davies, M. (1992). The structured clinical interview for DSM-III-R (SCID) II: The multisite test-retest reliability. *Archives of General Psychiatry* 49, 630-636.
- Wohlgemuth, E., & Betz, N. E. (1991). Gender as a moderator of the relationship of stress and social support to physical health in college students. *Journal of Counseling Psychology*, 38(3), 367-374.
- Wood, J. T. (1996). *Gendered relationships*. Mountain View, CA: Mayfield
- Yick, A. G., Shibusawa, T., & Agbayani-Siewert, P. (2003). Partner violence, depression, and practice implications with families of Chinese descent. *Journal Of Cultural Diversity*, 10(3), 96-104.
- Yoshioka, M. R., Gilbert, L., & El-Bassel, N. (2003). Social support and disclosure of abuse: Comparing South Asian, African-American, and Hispanic battered women. *Journal of Family Violence*, 18(3), 171-180.
- Zook, A., & Sipps, G. J. (1985). Cross-validation of a short form of the Marlowe-Crowne Social Desirability scale. *Journal of Clinical Psychology*, 41, 238-238.